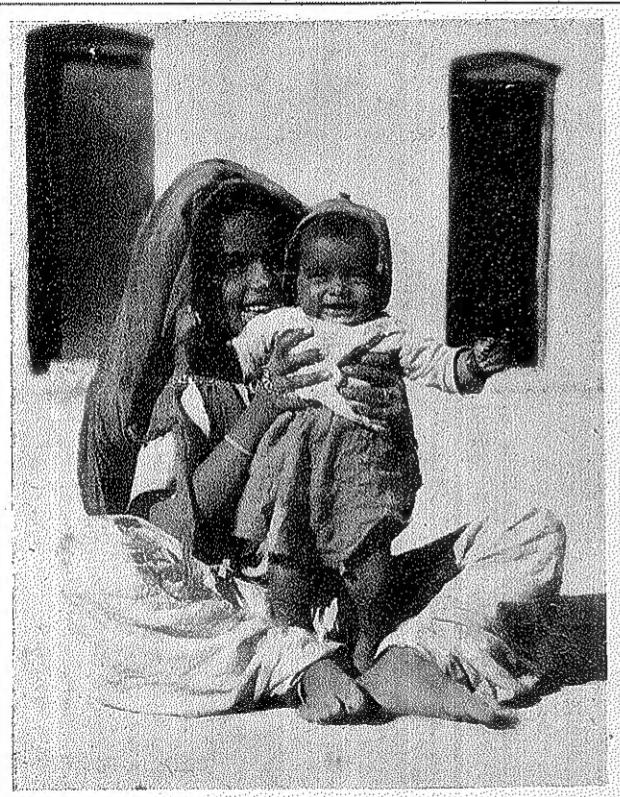


SOME WOMEN OF SINDH

By R. H. WESTERN, M.D., B.S.

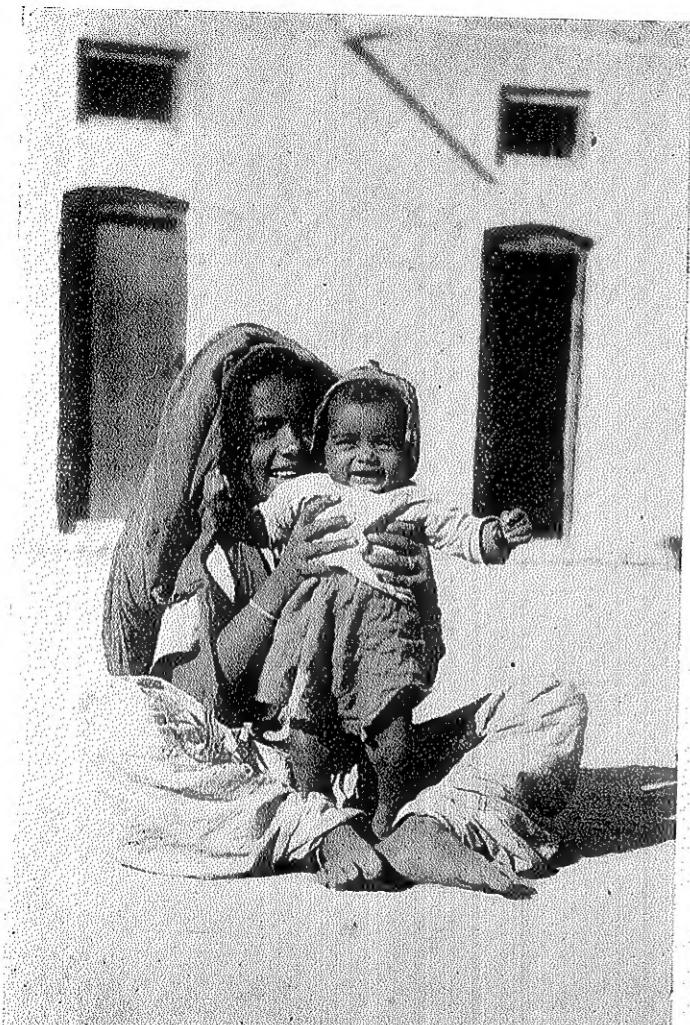


CHURCH OF ENGLAND ZENANA MISSIONARY SOCIETY
27 CHANCERY LANE, LONDON, W.C.2.

With very best wishes
for a happy Christmas
+ for much blessing in your
future work for Christ
from a friend of
His family.

1950.

SOME WOMEN OF SINDH



HAJAN AND HIS AUNT

Frontispiece

SOME WOMEN OF SINDH

In Home and Hospital

BY
R. H. WESTERN, M.D., B.S.

ILLUSTRATED BY
A. M. ELVERSON



LONDON:
CHURCH OF ENGLAND ZENANA MISSIONARY SOCIETY
27 CHANCERY LANE, W.C.2

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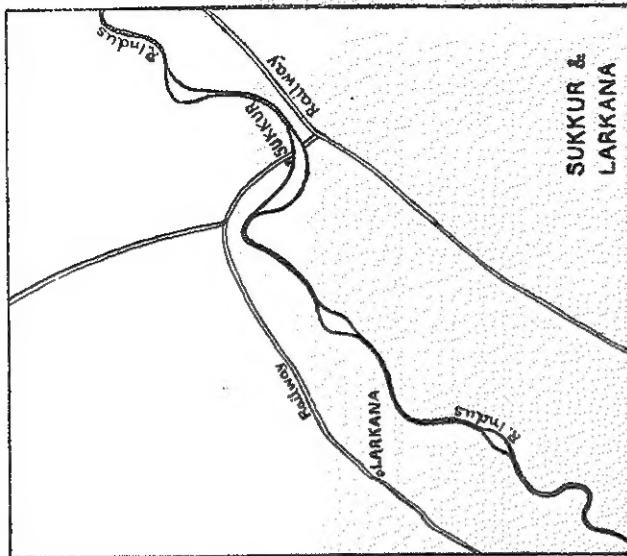
PREFACE

THE two hospitals mentioned in the following sketches are at Sukkur and Larkana, in Upper Sindh. Both belong to the C.E.Z.M.S. and are for women and children only, and they are entirely staffed by women. The Sukkur Hospital has thirty-five beds and the Larkana one twenty-five, but the latter is in a more thickly populated district, and much more often over-full. A very experienced nurse, Miss Holdforth, is in charge at Larkana ; the doctor from Sukkur visits frequently to see cases, but many of the patients needing major operations have to be taken to Sukkur, as there is no operating theatre in the Larkana Hospital, and all the work there is very much cramped for space.

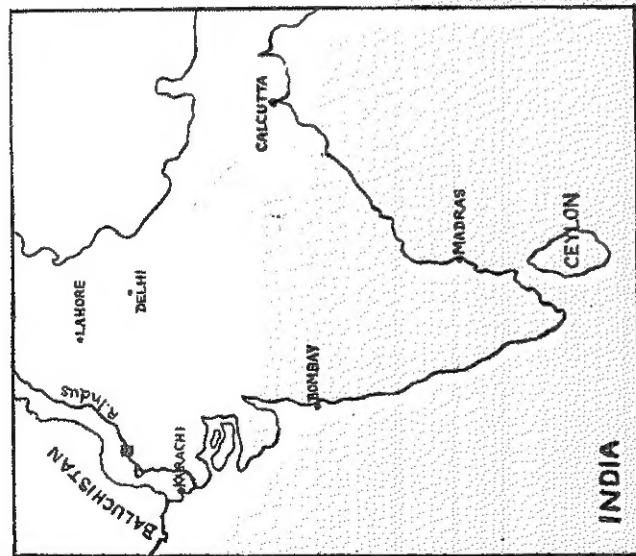
It should be clearly understood that, India being a country of great diversity, customs and ideas vary a good deal in different parts, and in different communities of the same district. Hindu and Moslem, high caste and low, all have dissimilar habits ; and what holds good of a certain class in Sindh is sometimes untrue of the same caste or religion in Bengal or Madras. This fact will explain many discrepancies between the statements of various authors on India, and between the attitudes shown by various people in this book.

PREFACE

My thanks are due to my fellow-missionaries, Miss E. J. Holdforth, of Larkana, who has supplied material for sketches of some of her patients, and Mrs. L. K. Junkison, dispenser in the Sukkur Hospital, who has helped me with many of the chapters, especially the last ; also to Miss E. C. Oxlad, who has given me valuable help.



THE BLACK SQUARE ON THE MAP OF INDIA INDICATES THE POSITION OF THE DISTRICT SHOWN IN THE MAP "SUKKUR AND LARKANA"



SOME WOMEN OF SINDH

CONFIDENCE LOST AND WON

I

AN educated young Mussulman, who had been employed as clerk in a large mission centre in another part of the Presidency, obtained a post in one of the Government offices in Sukkur, and bringing his wife and child, he settled down near his work on the outskirts of the town. He had borne a good character in the place he had left, and was, it seems, a valued worker. He certainly had a great respect for the Christian religion, and perhaps some of that hero-worship of Jesus Christ which is so often the prelude to a fuller knowledge of the mysteries of the Kingdom of God. But his qualifications enabled him to command a higher salary than the mission was able to give, and being still a Moslem, he may well have thought that he could serve the cause of high ideals and right conduct as well in a Government office as in a Christian mission.

His wife was a rather delicate-looking girl, with refined, gentle manners, and a habit of muddling through life with well-meaning procrastination. Method and tidiness were unknown to her, and her house seemed, to English eyes, more than usually lacking in comfort. But if her husband

found the disorderliness of his home a trial, he showed no sign of it ; he always seemed to treat her with kindness and consideration, feeling no doubt that it would not be right or reasonable to expect too much of a woman, and that it was his duty, as the more gifted with sense and intelligence (as he certainly was), to bear with her weaknesses and inefficiencies.

From the first, she always had a welcome for a visitor from the mission, for she was a little lonely in those early days, when her husband was out at work, and she had not yet made many friends in Sukkur. Her domain was a little two-roomed house, built chiefly of sun-baked mud, with its own verandah and small courtyard, screened from the road by a curtain of sacking hung across the gate, that, when anyone entered, the outside world might get no glimpse of the hidden ones within.

Almost every inch of floor space in the house was occupied. There were two or three of the usual bedsteads, contrivances of wood and woven string, used to lie on or as seats ; a few chairs also stood about, of the bent iron kind made for outdoor use, but these were used to pile things on, as the family and most of their friends preferred to sit on the beds and tuck their feet up comfortably. Some books lay about for the use of the master of the house ; there were sundry articles of clothing and odd pieces of cloth, and toys were scattered everywhere, in all stages of bright newness and dilapidation. The only table was a small one in the verandah, at which the husband could work.

In one of the rooms stood a musical instrument, very like a small harmonium, for though he was not much of a musician, in his leisure hours he liked to play simple Indian airs which required no harmonies.

So much for the still life ; the whole place was something of a menagerie besides. The courtyard was always occupied by hens of a thin and unlovely breed ; there were never any young chicks, as there was no coop to protect them from the birds of prey, so it would not have been any use to attempt to rear them. The hens roamed in and out of the house at will ; or rather, they roamed in at will, were occasionally hustled out, and generally came in again at once. There was a cage of little birds—a dozen or more, far too many for the size of the cage—great favourites as pets, and known as "reds" or "rubies." And the dogs!—there were two or three of them, just pariah dogs, fellow-scavengers with the kites and crows of every Indian town and village ; but they were given a certain amount of food, and so had attached themselves to the house and acted as watch-dogs, making it their duty and pleasure to bark with a great show of ferocity at all comers, whether malignant or benign. And, sometimes, having passed the dogs, the visitor's eyes would be gladdened by the sight of the son of the house standing under the tap, letting the cool water splash on his head and stream over his shining, dancing little body, while his delighted squeals and the sound of the water made refreshing music.

II

The boy Asgar was nearly two years old when his father came to Sukkur. He was not at all a robust child, and gave his parents a good deal of anxiety. His mother loved him to distraction, and had no ideas at all about the moral and physical upbringing of a child, so she gave him all he cried for, including irregular and unwholesome food. The result was that her life was a series of violent changes : when he was well, nothing could surpass her blissful adoration, and when he had fever or internal pains, she was reduced to helpless and tearful despair. He began to ail soon after they settled into their new quarters and, being used to missionaries' ways and English medicines, she brought him at once to the hospital. She used to come to out-patients with him three times a week, hidden within the all-enclosing mantle of the upper-class Moslem woman, and escorted by a woman servant, who generally carried the child. Within the gate she would throw back her mantle, and take him in her own arms, or let him toddle beside her.

From a doctor's point of view, Asgar was a puzzle from the first. He was wasting, obviously ; for the rest, his symptoms were unusual, and did not seem to fit any disease in particular. Failure to make a diagnosis sometimes occurs, of course, in every country, and it must be commoner in a place where there are no specialists to

consult, and where not all of the appropriate modes of investigation are available. So the doctor went on trying to look wise, treating symptoms as she could, and hoping that light would shine, or that nature would assert herself and put an end to the obscure malady,—in which case no doubt his family and friends would have considered her a very clever doctor. But if she hoped for a little undeserved credit, she hoped in vain, for he went on getting gradually thinner, and the symptoms remained as little understood as ever.

For some time he was a constant attendant in the out-patient room ; his father insisted on regularity, and certainly did his part by seeing that all directions were carried out, and it seemed a pity that some of his patience and reliability could not be transferred to the parents of other children, who, if given a fair chance, could have been cured.

At last even his perseverance wore out, and Asgar was no longer seen in the hospital. It seemed likely that his parents had decided to fall back on quack remedies, and experience did not justify much hope of benefit from them. The doctor felt very depressed about her own failure, and very sorry for the parents of an only son.

Three weeks later, one of the mission staff happened to look in on Asgar's mother, and was delighted to find the little boy looking much better. She knew he had been a patient at the hospital, and had not been doing well there, and she asked

an explanation of the very marked improvement. At first his mother was diffident, and hardly liked to answer questions. She was afraid of giving offence by telling how another physician had succeeded when the treatment given at the mission hospital had failed. She little knew how grateful doctors are to anyone who will avert the disastrous results of their failures.

But gradually the story came out. Acting on the advice of neighbours, and taking advantage of a holiday from the office work, she and her husband had taken the child to the tomb of a Moslem hermit, where, it was said, all possible complaints could be cured. There they had stayed for about a fortnight, living in one of the huts built by the pious for the use of travellers visiting the holy place. Details of what was done were not forthcoming. No doubt they said many prayers to God, and gave gifts to the keepers of the tomb according to their means, and probably they were given charms to fasten on the child's forehead or to tie round his neck. The main point was that by the end of the fortnight he was decidedly better, and that his recovery continued steadily after he got home, till all his symptoms had disappeared and he was a normal, healthy child.

III.

Finding that the hospital staff had not taken offence, and seemed to harbour no resentment,

the family soon became very friendly again, and the mother and son fell back into the habit of coming to out-patients for any trifling complaint. She had lost her faith in the mission hospital as far as the treatment of serious illness was concerned, and no one could blame her after what had occurred!—But she thought the treatment good enough for sore eyes, eczemas, and the like minor troubles. When, the following year, she was expecting another baby, she did arrange to come into hospital for the event, but it is not astonishing that her heart failed her, or a neighbour dissuaded her, at the last, and she was attended by a Mrs. Gamp at home instead.

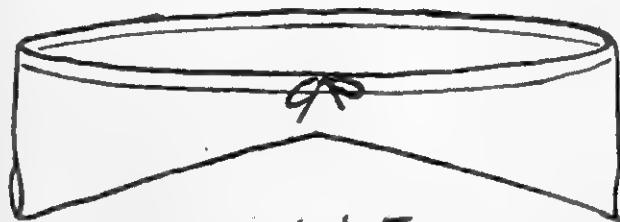
She soon regretted it, for neither she nor the infant got on well afterwards, and two or three weeks later her husband brought them both to stay in hospital as in-patients. Paying a small daily fee for rent and medical attendance, they had the privilege of a room to themselves, with its own verandah and small courtyard, opening on the street as well as communicating with the interior of the hospital. This ward became a second home to the family for the time being, for the buildings are so arranged that men can visit or stay with their women folk as they please, without violating the feminine exclusiveness of the main building and precincts. Perhaps the father thought we should be more successful with women and baby girls than with little boys. Certainly events bore out that idea, for the

mother grew strong again and the baby was soon plump and well, the pride and delight of the hospital. But prides and delights can never be kept for long. It is one of the sorrows of medical workers that when a baby is cured it has to be allowed to go home.

Crowded though the little house was, space had now to be made for more furniture. Inside, they set up a cradle, swinging between two upright supports, and in this the baby slept during the hot part of the day. An English perambulator also was bought, so that she could lie out in the verandah or courtyard when the sun was not too hot, so she got plenty of fresh air. She was not overburdened with clothes ; a short chemise did not interfere with the joyful kicking of her fat legs. She wore bangles of silver and coloured glass on her wrists and ankles, but as yet her nose and ears had not been pierced, so she had no other ornaments. Her olive complexion took on a delightful russet tint, set off by the black antimony smeared on her eyelids, just as patches used to heighten the charms of our forbears. Her mother's love of colour, not having much scope in the baby's sketchy clothing, expressed itself in the lacquered woodwork of the cradle. Scarlet, grass-green, blue, and yellow surrounded her with gaiety.

IV

The third act in the drama of their dealings with the medical mission began eighteen months after the first, when Asgar got ill again. The hospital had survived the first act with a badly damaged reputation, which the second did something to recover. It remained to be seen whether we should ever be able fully to regain the family's confidence.



The baby's Trousers

The trouble began one day when the missionary dispenser was taking photographs of some of the patients in the hospital. Asgar's mother conceived a burning desire to have a picture of her two children, and at her special request the missionary took her camera to the house one afternoon. She chose a time when the light would be suitable for photography, but she soon found that matters are not arranged so easily as that. There

was much preparation to be done, and though the day and hour had been arranged beforehand, it had not occurred to anyone to begin getting things ready before the photographer arrived. Both children must be dressed in their very best clothes ; Asgar had voluminous white trousers, pale green silk shirt, waistcoat and coat embroidered in colours, and a large turban. He looked very charming, but a little top-heavy and extremely solemn. The baby girl's trousers, too, were very full. They measured about two yards round the waist, and quite a yard from ankle to ankle, so the oblique folds lay in piles around the little legs. There were tiny shoes of embroidered leather, which kept dropping off. She had a pink silk chemise with coloured embroidery at neck and wrists, and a many-coloured handkerchief over her head.

When the two children were dressed, it was decided that the perambulator and the best piece of carpet must come into the photograph, for the family were rather proud of owning them. By the time all was ready, the sun was so low that it was impossible to take a photograph in the private little courtyard of the house, so the father brought out the carpet and spread it on a strip of unoccupied land near by, and the group was arranged there,—the baby in the pram and her brother standing beside it,—while their mother peeped out through a hole in the sacking that hung across the gateway.

That evening Asgar fell ill. The connection

between the photograph and the illness was not very obvious to us, but his mother evidently saw it ; perhaps a malign influence slipped through the lens as the shutter clicked, or perhaps some spirit was jealous of the children's beauty when he saw them dressed in such gorgeous clothes. She felt that the afternoon's entertainment had been a very bad business in every way ; she had not even a satisfactory picture to console her, for when the photograph was printed the figures were disappointingly small. She did not realise that a pocket camera cannot produce cabinet size prints, nor that if you insist on the whole of your best carpet rug coming into the picture, the children's figures must be reduced. But for the time Asgar's illness took up all her thoughts.

It was considered too serious a complaint for the hospital this time, and it was not convenient to go at once to the hermit's tomb, so two or three practitioners in the town were consulted in turn. Each was quickly discarded after a short trial of his medicine, as the terrified parents saw their son grow daily worse. Soon the father got a week's leave from his work, and they were able to go to the holy place again ; but before the week was up the child was so bad that panic seized them, they hurried back to Sukkur, and, in despair, brought him to the hospital.

It is to be hoped that there was no reprehensible feeling of rivalry between the hospital staff and our deceased colleague the hermit, but that

each could ungrudgingly appreciate the other's success. This time the former position of affairs was reversed. There was no difficulty about diagnosis, and once the appropriate treatment was begun, it was not long before the worst of the symptoms began to subside. If improvement had been much slower, the wavering parents would probably have left the hospital in a day or two, and fled panic-stricken to some other healer, in the eagerness of their terror giving no one time to effect a cure. But the turning-point came quickly, and confidence began to revive. When once the case was definitely on the mend, there was no further danger that they would not persevere, and soon they were assuring us that they would never trust to anyone else's treatment again—and they meant it, for the time being, at all events.

v

Ever since then, the family have been our firm friends. Sometimes they visit the mission bungalow, or one of the missionaries goes to see them and is entertained with sweet tea flavoured with rose-water, which tastes like cold cream warmed up. The mother has been learning to read and write her own language, and finds life fuller and more interesting now that she can occupy her spare time. At her own request, she has bought a copy of the hymn-book used in the Indian

Christian Church, and spelling out the lines she chants them to her children, adapting Indian tunes or improvising them as she goes along, and sometimes the father plays the air on his little harmonium. Verse and tune as a means of expressing religious ideas, even when not what we should call great poetry or very beautiful music, make a greater appeal to the Indian imagination than they do to many of us.

Now and then, on a Moslem feast-day, a plate of raw goat's meat covered with a coloured hand-kerchief is handed in at the mission bungalow, with the compliments of our friends; and once the father came with a substantial donation, explaining that he wished to give it to the hospital instead of at the Mosque, as was the custom on the principal holy day of the year, for he wanted the money to go where it would do most good.

The children are often in and out of hospital still, either with their mother or in charge of the servant woman. Asgar's usual head-dress of late has been a pink cotton sun-bonnet, tied under his chin. It does look a little odd, especially when, as sometimes in hot weather, his only other garment is a shirt made of mosquito netting, embroidered with coloured spots.

Sometimes the hospital has to be closed for a time, if the missionaries are obliged to leave, for there are not enough workers to supply existing hospitals at all times. Recently the doors were shut for nearly a year, no doctor being available,

and most of the women and children were unable to get adequate treatment anywhere. But when it is possible to start the work again, Asgar and his sister are always in the forefront of the welcoming patients.

A HIGHLY RESPECTABLE FAMILY

I

THE gatekeeper came into the out-patient room one morning while the doctor was at work :—

"A Mussulman," she said, "wants to see you at the gate."

"What does he want?" asked the doctor.

"He did not tell me. He wants to speak to you at once about a very urgent matter."

"Tell him he may either send me a message, or wait till I am free to come," was the unwelcome answer.

The gatekeeper retired with a sigh, for if she had succeeded in producing the doctor at once, she would have hoped for something from the applicant in recognition of her services.

Matters described as "very urgent" are frequent enough. Sometimes a messenger has come to call for immediate assistance in an emergency ; if that were the case to-day, the gatekeeper would be back in a few minutes to say so. But a good many patients are brought to hospital by their husbands, nearly all of whom would *like* a personal interview with the doctor, and it is quite impossible for her to go to the entrance and inter-

view each one. When she does go, the dialogue is apt to be something like this :

Husband : " Having heard of your reputation for benevolence and skill " (this, of course, is just soft soap), " I have brought my wife to you. Please investigate her condition with particular care, and give her good medicine."

Doctor : " Very well. Where is she ? "

Husband : " She is in your hospital."

Doctor : " But there are many women in the hospital ; which is she ? "

Further description is elicited : " She is the woman who has gone in this morning." . . . " She is the one with a pain inside."

At the moment the hospital may contain, perhaps, thirty in-patients and a good many out-patients, many of whom have pains inside, and women are streaming past as the conversation goes on ; but as the doctor intends to do her best for all of them, she can give a satisfactory promise and get back to her work.

Sometimes she finds at the gate a husband whose wife is to have an operation done later in the day, and who thinks a personal request from him will ensure that the job will be done carefully, and that his wife will recover. Or again, a man whose wife has been ill with a chronic complaint for three or four months has just decided to ask advice from the mission hospital, and wishes to explain that the case cannot possibly wait till out-patients are finished, but that all other work must go by

the board while the doctor goes with him to his house.

Whatever it is, the husband in question always considers it a very urgent matter, and sometimes it is ; but there are other patients, too poor and humble to ask the privilege of a special interview at the gate, and who yet have quite as much claim on the doctor's immediate attention. The hospital tries to be a democratic institution, though it is commonly assumed that the rich or high caste must have the best of everything and the poor are lucky if they get what is left. So the doctor went on with her work, pending further information.

Soon the gatekeeper returned with a report. The man wished to bring his wife into hospital, and wanted a private ward, for which he was ready to pay the customary daily fee. The private wards were all full, as the gatekeeper no doubt had told him ; but he might be persuaded to let her come into the general ward, or (if it was not an acute case) to wait a few days for the next vacancy, so the doctor promised to go and speak to him as soon as she could.

In about ten minutes she found time to go to the gate. There she was addressed by a most lordly looking personage, tall, stout, and very dignified, with very stately manners. A pillar of white calico, with two latticed holes for the eyes, stood by him ; that was his wife. After salutations, he explained that she was in need of operation ; details of her internal economy were ex-

plained, and listened to with interest, but without surprise, by other husbands and passers-by, who happened to stop and listen.

The doctor explained that all the private wards were full, and suggested delay, as the case was evidently not urgent.

"But," he said, "I wish her to be admitted to-day."

"She can come into the general ward to-day," replied the doctor.

"But I wish for a private ward," he said again.

Again the alternative was explained: admission to the general ward to-day, or to a private ward some three days hence. Without a touch of impatience he began again:

"Of your kindness let me have a private ward to-day."

The doctor began to feel that, at this rate, the discussion might last till a ward was vacated, and she knew that a growing crowd was waiting for her within.

"What can I do?" she asked. "There are four private wards, and a family in each. Can I build a fifth for you? Where is the land, and the money, and the workmen who will build a ward in one day?"

He smiled faintly and replied: "No, but with your well-known kindness you will eject the present occupier of one of the private wards, so that I and my wife may enter."

It was something to have a definite suggestion

for getting over the difficulty. The doctor joyfully fell in with it at once.

"Very well," she said, "I will turn out one of the families now in occupation, and you and your wife can go in" (a smile of satisfaction overspread his countenance), "and to-morrow, when someone else asks for the ward, I will turn *you* out and put *him* in."

His face fell. "But I did not mean that!" he said.

However, he began to be more amenable to persuasion, and eventually he agreed to let his wife come inside and be overhauled, before deciding where she was to stay during treatment.

She proved to be in need of no operation at all; that had been just a guess on the part of her husband. Moreover, it transpired that she lived quite near, and there was no reason why she should not come daily for the treatment she required. So, after more explanations and discussions, her husband consented to that arrangement. She attended regularly and made a good recovery.

II

As she was a near neighbour and willing to be friendly, we did not lose sight of her, but soon got to know more of her and her family. Her name was Husaini. Her husband had recently come to Sukkur as a schoolmaster, and she was acquainted with Asgar's mother,* having lived

* See *Confidence Lost and Won*.

before her marriage in the same town. Her home was a very small, cramped dwelling beside the school where her husband worked ; he could have afforded a better house, but he spent very little time at home himself, and preferred to save up money for his son rather than to spend it on his wife's comfort. The son, a boy of fourteen, was away at a boarding school ; but he was recently married to his cousin, a girl of about his own age, and his bride lived with Husaini, humoured her in all her moods, amiable and otherwise, and shared with the servant woman the work of the house.

Another inhabitant of the house was a parrot, who made a point of screaming whenever anyone tried to talk, and always had to be suppressed under a cloth, or banished to another room when a visitor was present. Two goats were tethered to the wall of the house by bits of old rope, and used to chew up everything within reach; including the rope ; then they would escape into the open and find new worlds to conquer. Once they found the geraniums on the verandah of the mission-house, and conquered them completely ; at other times they were most attractive creatures, and they were always full of energy and character. But Husaini's "children," as she called them, were the chickens. They shared the courtyard and verandah with her, and to a certain extent the house itself. They roosted on the brilliantly painted iron trunks, laid eggs in the chairs, and mothered their chicks under the beds.

Husaini seemed to live a very contented life in

the poky little house. She had friends in the town to visit or entertain, for her husband's brother had settled near. She realised how much better off she was than the women of that household, in spite of their greater wealth and finer house. She was an only wife, instead of being one of three ; and though she would have liked more children, she comforted herself with the thought that at all events she was not burdened with girls. Her brother-in-law had two daughters still unmarried, and the eldest had reached the hopeless age of thirty. It is the custom in their class only to marry within a small circle of near relations, the idea being to keep wealth and property in the family ; and as there did not happen to be any boys, suitable or unsuitable, within the required radius of consanguinity, the poor girls stayed at home, a financial burden and a dis-honour to their father, and (a small matter much less considered), denied the fulfilment of their natural desires for motherhood, and provided with no interests or occupations which might help to keep their minds healthy and normal under unnatural conditions. As their uncle remarked to one of us, " Believe me, girls are a very big burden." Husaini's daughter-in-law was the younger sister of the two unfortunate spinsters, and though her lot cannot have been always pleasant (for Husaini was narrow and often unsympathetic, and could be harsh at times), she knew herself to be much better off than they.

III

Another friend we sometimes met in Husaini's house was her widowed mother, Fazl Bibi. She was rather a surprising old lady, for she and her manner of living belonged emphatically to the twentieth century. Modern conditions of employment are making great changes in some of the established customs of Indian society. In the old days, Fazl Bibi would have lived on in the same house after her husband's death, with her sons and their wives and children ; but the young men had all gone into Government service of one sort or another, and had taken their families with them when transferred to new posts, so she was left without home ties. She found, however, that someone was left who still needed her, and to him she could devote herself. She had a brother who had married two or three times, and had had sons and daughters ; but all had died, and he himself had lost his mental balance and become melancholic. He might easily have married again, for there were parents who would gladly have given him their daughters. The popular idea seems to be that a wife's happiness depends only on her fate, and so the bridegroom's character and disposition are too often left to chance or deliberately ignored. But in this instance the sufferer himself refused to marry, and so Fazl Bibi made him her special care. When her own household broke up, and she found her-

A HIGHLY RESPECTABLE FAMILY 33

self free to go where she would, she persuaded him to migrate with her to Sukkur, where her daughter Husaini was settled, thinking that change of scene and climate might do him good.

They hired a house in the city, where they could live together. Fazl Bibi was content with a very simple life. She brought with her an old servant woman, who had been in the family all her life, to do the work that a lady of her station could not do herself, such as chaffering with the dealers in the shops ; but she did most of the cooking herself, giving her brother his meals hot and fresh, and herself sitting down afterwards to eat with the servant. As the house they had taken was larger than they required, they sub-let part of it, and only kept two rooms for their own use. The tenants gave cheerfulness to the house, and to Fazl Bibi relief from the very depressing companionship of her brother, and being a kind-hearted woman she took an interest in these younger folk, and tried to help them in their troubles and difficulties.

IV

She appeared in hospital one day with the wife of one of her tenants, who came for her confinement. We learnt that the young couple had not been long in Sukkur, and had no friends there. They were too poor to pay for attendance at home, so Fazl Bibi advised the man to bring his wife to hospital. But they found that, owing

to the difficulty of getting enough nurses to staff the hospital, it was almost necessary that each patient should bring some woman friend with her, to help her by giving her food and drink, and by other minor services which can, at a push, be delegated to an untrained attendant. The patient's relatives were all far away, so Fazl Bibi herself undertook to do all she could. It was not ten minutes' walk between her house and the hospital, and her brother did not need her at night, so by a few journeys backwards and forwards during the day she could do a great deal for the comfort of the young mother without neglecting her home. We thought it unusually kind of a Moslem woman to take so much trouble for one who was no relation, but it is not easy in any country for foreigners to appreciate the exact degrees of class differences, and we did not quite understand what the kindness really meant till, one day, one of us happened to go to see Asgar and his mother, and met Husaini there.

The room seemed to be filled with a whirlwind. Mental and physical atmospheres were in vehement agitation. One hardly noticed Asgar, who stood round-eyed, looking on ; or even his mother, who sat on the bed, hiding her baby under her shawl, as if to shield her from the violence of the storm. Husaini seemed to pervade the house. She sat pulling fiercely at the punkah while she poured forth a torrent of angry words. All a stranger could make out at first was that someone had done irreparable injury to the family pride ;

then it became clear that the sinner was her own mother, Fazl Bibi! That woman, lost to all sense of the dignity of her clan, had lowered herself by attendance on one of inferior station! The missionary was appealed to. How would we ever respect them again, we who had seen the humiliating service rendered in the hospital ?

It was some time before any voice but Husaini's could be heard. Even when she did listen to questions and protests, it was impossible for her to see the matter in any new light. No religious belief was involved ; these were Moslems, and could not, like their Hindu neighbours, suffer spiritual defilement by contact with people of an inferior caste, or by doing menial work. It was simply a matter of social status. It was intolerable that a woman of such a highly respected family should behave as if an artisan's wife were her equal. For the time being, at all events, Husaini felt that the obloquy was more than she could bear.

Her husband shared her views, though she expressed them with heat, he with weight. He came to the mission-house that day, being employed just then on some clerical work, and it was plain that he had something on his mind ; he had lost the complete self-confidence that was characteristic of him. He stayed after his work was done, talking all round the subject, and at last came to the point with a formal apology for his mother-in-law's unbecoming conduct. He begged that we would not think the less of him

and his relations in consequence of it, assuring us that they were of Arab stock (which we had heard several times before), and very superior indeed to an artisan and his family. We tried in vain to get him to understand that we honoured her for her unselfish action, and that personal service for those who need help can never be anything to be ashamed of. He said that alms-giving is certainly a duty ; but personal service, unless for social equals and superiors, is degrading, though it was kind of us to condone her behaviour. Remembering our work in the hospital, and not wishing to seem to criticise us, he conceded that for English people it is different. Our social customs allow such proceedings, theirs do not ; and Fazl Bibi should have limited her helpfulness to doles of money. We pointed out that alms were not what was required, and would not have been much use under the circumstances. That, he affirmed, was not his business—nor that of his mother-in-law. So the argument narrowed down to the old question, " Who is my neighbour ? " and we failed to agree as to whether Fazl Bibi was, or was not, neighbour to her tenants.

The poor old lady must have had a bad time for a while. She was practically debarred from entering her daughter's home. She found Asgar's parents sympathetic, and she visited at their house oftener than usual, which was an advantage for her hostess, who often needed the advice of a motherly older woman. When one of the

missionaries spoke to Fazl Bibi about the trouble, and tried to express sympathy, she did not say very much. She explained that she had got her ideas of trying to help others from some women missionaries in a town where she had formerly lived. " So I know you will understand, and will not blame me," she said. " My people do not understand."

These family dissensions subside in course of time, and Fazl Bibi thought a little absence might make the hearts of her relations grow fonder, so with her brother—now in failing health—she went to visit another married daughter in Bombay. We heard not long afterwards that the brother had died, and Fazl Bibi was staying where she was for a while. She is missed in Sukkur by Asgar and his mother, if not by her own daughter. Wherever she stays, she is likely to be a help to her neighbours and to give them a wider conception of neighbourliness.

ANCIENT CUSTOM

I

EVERY year, as the hot weather comes on, some extra servants are wanted to come daily to the mission-house and pull punkahs.* There are always enough applicants for the post, for though the pay is small, it is a job which most people can do, and all think they can. The physical work is not so very strenuous, and the mental effort required is absolutely none. One thing, however, is necessary, and that is the ability to carry on a mechanical, rhythmic movement for two or three hours without going to sleep over it. Experience has taught us that old people are much better able to do this than young ones. It is a satisfaction, too, to give the work to some old woman who needs the money, for any other work she can get will probably be heavier, and certainly less well paid.

Early one summer a Moslem labourer, who had been employed on some repairs to the mission buildings, came to the verandah and stood about

* A punkah is a fan. Where electric fans are not used, a strip of matting is nailed at one edge to a wooden bar which is suspended from the ceiling, and a thong is attached and passed through a hole in the wall, so that it can be pulled by a servant in the verandah.

ANCIENT CUSTOM

in suppliant attitudes. One could see at a glance that he wanted something. The dispenser, one of the missionaries, went out to see what it was. As she supposed, he had a request to make. Would the protector-of-the-poor be gracious and kind? Well, perhaps she would; it is unsafe to promise so much until one discovers the exact interpretation of graciousness and kindness at the moment. Presently it transpired that he wanted the post of punkah-puller for his sister, and the protector-of-the-poor became aware of a village woman sitting on the ground a little way off and watching anxiously. Her lean, wrinkled face was imploring. In answer to a beckoning hand she got up with alacrity, and came forward with the upright carriage and graceful swing of the peasant woman who is used to carrying burdens on her head. She stooped to touch the missionary's feet.

She was an elderly woman, but looked fairly active and strong. She wore the long, loose robe of the Baluch, as do many Sindhi-speaking peasants whose ancestors came from over the Baluchistan border. Six inches of very full trousers showed below it; the anklets and toe-rings were of cheap pewter, and the feet were bare. She was neat and tidy, and quite as clean as a villager can be expected to be. Her dress had originally been natural coloured cotton, unbleached and undyed; it was several shades darker now, but living in a hut whose floor is mother-earth, and whose entire contents are permeated with dust from the arid lands beyond the village, does not make for lasting

cleanliness. As to washing a dress, her neighbours would have been shocked if she had done that often, or made it look too clean. No modest woman would want to go about drawing attention to herself by looking cleaner and more attractive than the rest ! The elaborate embroidery on the front and sleeves was dingy with fade and use, but she had probably made it herself when she married, forty years ago or more.

She had never spoken with an Englishwoman before, and was rather surprised to find that she could understand or be understood. For the moment, indeed, she was so convinced that she could not understand that, when asked her name, she turned to her brother and said : " You explain for me ! " He replied that her name was Jannat. When she found that the missionary was going on speaking to her by name, and in her own language, the meaning of the words began to come through to her mind, in spite of the exciting wonder of the strange personality and voice.

She had not thought it was much use coming alone to apply for the coveted post, but as her brother had found work for himself, she thought he might be successful again, and she had persuaded him to entreat for her. She had great faith in his influence with the missionaries, for he was known to them, and he was a man, both of which facts gave him an advantage over a stranger and a woman whose head, in the idiom of the country, was uncovered. As a matter of



PULLING THE PUNKAH

fact, her head was invariably covered with a cotton cloth, without which no respectable woman would have dreamt of being seen in public ; but she was a widow, too old to marry again, and a woman who has no male protector and must fend for herself is looked upon with pitying disdain. " Her head is uncovered," the neighbours say contemptuously.

She seemed a very suitable woman to engage, and the work had not yet been promised to anyone else. She was overjoyed when she was told that she could begin the following week. Promising to come on the appointed day, she retired with a profound *salam*.*

Her home was in a hamlet just beyond the outskirts of Sukkur town, not a mile away. She had, of course, no watch, and was utterly hazy about time, but that mattered to no one but herself, for long before the appointed hour she would come to the bungalow and establish herself on the verandah to wait till she was wanted. Coming back from the morning's work in hospital, we used to find she had spread a ragged cloth on the brick pavement, and curied herself down for a nap, a small brass water-vessel and a little packet of food from the morning's cooking beside her. But she slept lightly, and was wide awake in a moment, ready to pull steadily and untiringly for as long as she was wanted.

Gradually she found out that her employer

* " Peace " : a Moslem greeting. The word is accompanied by gestures of salutation, sometimes profoundly respectful.

was a friend, and began to let herself be drawn into conversation, and to tell little bits of her home life. She had had a large number of children —she seemed a little uncertain about the number of boys, and did not attempt to count the girls ; only two survived, a grown-up son with a wife and children of his own, and a little daughter not yet married. She lived with the former, whose duty it was to provide for her, but when his wife grew up and became the mother of sons, she turned against the old widow and her daughter, and encouraged her husband to resent the presence of two extra people to feed. They often went hungry because the bread was given so grudgingly, and they had no money to buy more ; and yet the son would not hear of her getting employment as a field labourer, as some women of her class did, for he knew it was his duty to support her, and his fellow-villagers would scorn him for being poorer than he really was, if he openly failed to do so, and allowed her to earn for herself. She did not tell him that she was earning money at the mission house, and she was rather nervous for fear he should find out, and be angry with her and stop it. However, she had been in the habit of spending a good deal of her time with her brother's family in Sukkur town, so her absence from home for a great part of each day did not excite suspicion.

Lali, the daughter, was a cheery little round-faced girl of eleven, dressed very like her mother, but her hair was done differently as a sign that

she was unmarried. The mother's was parted in the middle and lay in a plait down her back, though the cloth she wore hid it all except just in front ; the daughter's head was covered with tiny plaits, which lay very neat and close in serried rows, each beginning with a few hairs at the middle parting, and gathering in more at each twist. Sometimes she used to sit and watch the pulling of the punkah, sometimes she joined her mother for food and a drink after the main spell of work ; and now and then, if Jannat was unwell, the child would take her place for a day or two. Short arms do not pull with such a satisfactory swing as long ones, but she worked hard and proudly, and never went to sleep over it. She was not very robust ; like so many in both towns and villages, she had tuberculous glands in the neck. Her mother did not seem ever to have thought of bringing her to hospital for treatment, but she was quite willing to let her attend, and as for some months it was possible to insist on regular attendance, the glands got practically well.

The child took a great interest in the missionaries and all that concerned them. Everything she saw seemed strange and marvellous, and the whole house and its contents must have been very magnificent in her eyes. She, too, had a possession she wanted to show, and when friendliness was established and she felt she could venture on confidences, she began to delve one day in the pocket of her dress. It really was a case of delv-

ing, for the Baluchi gown has a pocket reaching from the waistline to the bottom—and very handsome it looks, for it is always heavily embroidered. Lali's pocket was nearly empty, for she had not many treasures ; her hand went right down to the hem of her dress, and returned to the surface bearing a little bit of bright blue cotton rag, into which were stuck two pins and a needle ! After suitable exclamations of wonder and appreciation, the missionary added a safety-pin to the collection, and Lali went home that day bubbling with pleasure.

Autumn came, and the great heat was over, but our old lady had made quite a sum of money by that time, and had saved up enough in the depths of her pocket to help through a lean winter. She asked if she might pull again next hot weather, and was promised the work if she liked to come for it. She did come, long before the weather was hot enough for punkahs to be needed, just to remind the missionary of her promise, and to secure the job against any other applicant.

II

During that second summer Jannat told her employer that her daughter would soon be leaving home to be married, for a match was being arranged for her. Lali was only twelve, and not at all big for her age, so this was bad news. The missionary talked it over with the mother, re-

minding her of the very serious risks to health, and even life, of such early marriages, and urging delay, even if only for a year or two. The old woman seemed surprised that anyone could object to marriage at twelve years old. Everybody's daughters are married young, she said, if husbands can be found for them. It is the custom. Some die in consequence, others are permanently broken in health ; this was common knowledge, and she admitted it all, praying that God would avert such ill fortune from her daughter. It seemed to the Englishwoman that the mother had the remedy in her own hands, and that there would be more sense in praying for courage to do a wise thing than in asking for exemption from the results of a foolish one. But she found that Jannat was really helpless in the matter. In a village community marriages are not entirely in the hands of the girl's parents, especially when the only parent is a widow of no account. The match is decided on by the village elders,—men only, with little sympathy for the sufferings of girls,—and their decree has to be carried out. Protests would have been utterly useless, and the only thing to do was to be thankful that the husband to whom the girl was assigned was a young man and, if she must marry, a suitable mate.

The marriage ceremony was performed in early autumn, and Lali, in new clothes and trinkets, and with all her little plaits undone, went to live with her husband and his parents, and his

brothers and their wives and children, in a village some ten miles away.

Two or three months later she came home again to visit her mother, and together they came to make their *salams* to their friends the missionaries. Jannat was all smiles and pride in showing her married daughter. Lali was changed by excess of modesty into quite a different child. She used to be an open-faced little chatterer ; now she looked demurely down, pulled her headcloth over her face, and could not be got to speak a word. This was quite right and proper, and just what is considered becoming conduct in a young bride.

III

Another winter passed, and Jannat came radiant with the news that Lali was expecting a baby. In a sense it was good news, for to the young wife it meant honour instead of mockery, and freedom from the fear of being supplanted by another wife ; and her mother seemed able to enjoy that satisfaction without worrying too much about risks. But the missionary was anxious, and suggested that Lali should come into hospital for her confinement, so that she should have every possible chance. Her mother thought it a delightful idea, and went off to the village to get the consent of the girl's present owners ; but it was no use. The mother-in-law absolutely refused. Her other sons' wives had stayed at home and suffered what their fate brought them ; why should this

one be different? So Jannat returned crestfallen, but still not troubling much about future catastrophes which, after all, might never happen.

One day she came weeping. News had been brought that Lali's time of suffering had come, and that all was not going well. Jannat begged the doctor to go out to the village and see her, but that was impossible; the hospital was full, and many of the patients were cases that needed a good deal of attention and could not be left. There was only one doctor, and those who came into hospital had first claim on her time and must not be neglected. It would have taken quite half a day to go to Lali and do what was necessary, perhaps very much longer, and a satisfactory outcome would be quite uncertain under the conditions of a village home, and with no skilled after-treatment.

Jannat was given leave of absence at once, so that she might go and see her child, and she was strongly advised to bring her to hospital on a stretcher, or on a bullock-waggon well padded with hay, if it was at all possible. The next day she was back again, for a woman is not always a welcome guest in the house of her daughter's mother-in-law, and she could not stay. She was more distressed than ever, and wept all that day as she pulled the punkah. Lali was very ill, and still her mother-in-law was adamant, and would not hear of her being brought to hospital. None of their family had ever done such a thing; and if it was the will of

God that Lali should die, she knew of another girl she could get as her son's second wife. The young man himself left all such matters to his mother, and did not consider it his business to interfere.

For the next two days the news was still bad. Then at last Lali had release from her pain, her baby dead, and she herself only just clinging to life with the tenacity of youth. But Jannat was as happy as could be. She never doubted that her daughter would recover, and become a happy, healthy mother later on; and she apparently gave no thought to the lasting effects such a terrible experience might have on the mind and body of a young girl.

IV

Slowly strength came back. When Lali was well enough to be moved, her mother brought her home for another visit, and the missionary went one day to see her, as she was not yet strong enough for the walk to hospital or mission house. Jannat was escort, and apologised by the way for the poverty of the dwelling. Out beyond the tolerable roads and comfortable houses they went, to where the waterless plain skirts the town, and the only vegetation is intrepid bushes and tiny plants which send their roots far for traces of moisture, and subsist dustily on about two showers a year. There they came to a cluster of tumble-down huts with rough wooden walls, most inadequately

roofed with strips of what looked like tarred cloth. Jannat led the way to one of these, and ushered the guest in.

It was really no more than a very roughly built shed. Three sides made some attempt to keep off the heat and wind, though there were many crevices between the miscellaneous pieces of ant-eaten wood that had been used for the walls ; the fourth side was open to the landscape, and the public in general could look in. The roof was incomplete, material having apparently run short, and holes here and there let in piercing shafts of sunlight. The heat was intense, almost as great as outside. Most Indian homes are dark, and many are airless ; this was neither. Light and ventilation were there in excess, getting in by many unauthorised routes. The only piece of furniture was the crazy-legged bedstead, which looked as if it might collapse at any moment, but had probably looked like that for a long time. There were some nondescript bundles and heaps of clothes or bedding, a few earthen jars and small brass bowls of various shapes, and a battered old lantern.

On the bed sat a very changed Lali, thin and hollow-eyed ; she looked years older than she did when she married, and it was hard to realise that she was only a child of thirteen. But her delight at seeing her English friend was quite undisguised this time. She was no longer a bride, but a married woman of a year's standing, and the exaggerated show of modesty which good manners



LALI WITH HER DOLL

had required of her last year was no longer necessary ; so she could let herself go, and did. The missionary had brought with her a doll, dressed and sent by a friend in England ; it had a broad face, a fur-trimmed plush coat which stood out with regal amplitude, and a green velvet tam-o'-shanter set at a rakish angle, and the mission-house staff had dubbed it Henry the Eighth. It was just what Lali liked, and it is doubtful whether any monarch, alive or dead, could have given her such pleasure as that doll did.

While the visitor was talking to Lali, the news of her presence spread through the hamlet, and when she went outside again she found herself besieged by excited neighbours and their children. A visit from a hospital worker was too good an opportunity to miss. They seemed to think that she must have brought a large and varied supply of medicines and ointments in her pockets; the truth probably was that they hardly thought at all, but the presence of someone from the hospital reminded them of their ailments, and they believed as much (and as little) in the touch of her hand as in medicaments. At all events, they wanted her to look at sore eyes, bad ears, skin diseases, and divers other troubles, mainly the obvious result of dirt and ignorant carelessness, and they vociferously demanded treatment. The missionary could hardly make herself heard, for everyone was more anxious to push forward and show her baby or herself than to listen to any sort of explanation. When they did begin to

understand that no medicines could be handed out on the spot, they were too disappointed to pay much attention to advice about cleanliness and the beneficent influence of pure water. The suggestion that they should come to hospital for what they needed was received without enthusiasm. It was one thing to be ready to accept medicine if it was brought to their doors, without any obligation to use it if they did not happen to like the look of it ; but to walk nearly a mile, tip the subordinates (a practice absolutely forbidden as a matter of fact, but no doubt most of them thought it would be necessary before they could gain access to the doctor), and perhaps not get a medicine whose colour they liked in the end—that was more than their zeal was equal to. One woman showed a very chronic-looking ulcer, and said she had been to the hospital about it, and was no better. This sounded damaging, but the missionary had heard such a statement many a time, and knew what it meant.

" How often did you go to the hospital to get it dressed ? " she asked.

" Well—once—perhaps twice," was the reply.

" And how long have you had the sore ? "

" Oh, a *very* long time ! "

" Six months ? "

" Oh, yes, six months—*many* months ! "

" Ten years, perhaps ? "

" Yes it might be ten years " (the tone implying, " What *do* these foolish historical details matter ? ").

" ' Illness,' " quoted the missionary, " ' comes with the gait of a galloping horse, and goes with the gait of a louse! ' "

They all laughed, delighted to hear their own proverb quoted to them by a foreigner.

" True—true! " they cried in chorus. " Why did she not go every day till the ulcer was healed? Oh, the foolish woman! "

The poor ulcerated one looked crestfallen, but the missionary turned the laugh the other way by remarking that she who had gone *once* to the hospital was anyhow a little wiser than the rest, who had (many of them) never been at all. At that, a number promised to come the very next day. Hardly any did, but a few more dribbled in during the following weeks.

The missionary left the hamlet feeling how little she could accomplish in one visit, and how much might be done for the cleansing of bodies and souls if only regular teaching could be given. She thought of the charming little grubby, shy girls in the crowd outside the huts. Ancient custom, uninfluenced by the teaching of Christ, will have no more mercy on them than it had on Lali.

There are times when a worker is oppressed by the vast mass of wrongs which she is helpless to put right, and cruel customs whose inert strength defies her, and her influence seems insignificant. But her thoughts turned back to " Henry the Eighth," helping to drive from a child's mind the memory of her suffering and her fear of the future. If the love which prompted the sending of a doll

could accomplish that much, who can measure what the results may be when the Church at home is filled with deeper devotion to Christ and His little ones? With greater love comes greater self-sacrifice; more prayer, more service, and more gifts; and in love and sacrifice the Church is one with Him in the purpose for which He gave His whole life—the extension and perfecting of the Kingdom of Heaven.

A LANDOWNER'S WIFE

It happened that one of the smaller Moslem land-owners of the Larkana district, searching for a husband for his daughter Zainab, arranged a marriage between her and his sister's son, a man who had inherited a plot of land not many miles away.

It was considered a most satisfactory match. The bride was lucky, for her man was all a girl could desire. He was well enough off to keep her in reasonable comfort, but not so rich that he could keep several wives ; he was a healthy man, and though he had been married before, he was still in his prime, while many girls of her class are married to mere boys younger than themselves, or to old men, because custom limits the choice by the decree that he must be a near relation. She had not, of course, been able to fall in love with him ; such a proceeding would have been considered most immodest, and they had never been allowed to see each other for fear of it ; but there was every reason to suppose that she would do so, with due decorum, after marriage. She liked the look of his fat, cheery mother, who was to be her constant companion

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and was the mistress of the household she was going to join.

The bridegroom was well satisfied with the arrangement too, for he was told that the damsel was of ideal age (she must have been about fourteen or fifteen at that time), that she was well built and plump, and above all, that she had a fair skin, the one beauty admired and coveted above all others. Indeed, she was a pretty and attractive girl, with gentle manners and sweet temper. Her sheltered life had not developed either physical robustness or strength of character, but her husband neither missed the former nor desired the latter in his young wife.

So the relations and friends were entertained, gifts were distributed, the marriage ceremony performed, and the young girl was taken to her bridegroom's home, a little fearful but much more pleased and excited beneath her conventional appearance of modest misery.

She soon settled down to the new life. It was natural and easy to reverence her stalwart black-bearded lord as a wife should do, and his delight in her was very pleasant. She had plenty of company in the women's quarters, for her brother-in-law shared the house, and he had a wife and children ; and there was a childless widow who lived with them in the capacity of poor relation and servant, and was rather despised, but treated on the whole with kindly pity. She was too old and too insignificant to be strictly secluded, as the younger women were, and so she did most of

the marketing for the household, and thus had a livelier and busier time than the more honoured ladies, though no doubt they thought they were happier in their leisure and dignity. Fatmah, Zainab's mother-in-law, sometimes went out with her to visit neighbours, closely veiled ; but she was too fat to be energetic, and too much of a lady to haggle with the shopkeepers in the bazaar, so the other woman generally went out alone. One more member of the family was Barkat, Zainab's step-daughter, a little girl of nine years old, with whom she spent much of her time, though she was not considered to be in any way responsible for the child as an English step-mother would be. All responsibility fell on the grandmother and head of the house ; Zainab's part was to do as she was told, and be thankful that her mother-in-law's yoke was so easy.

She did not find the days too empty, for she was used to very little occupation. She and her companions cooked, and gossiped ; embroidered their clothes, and gossiped ; made garments for the little ones, and gossiped ; and when these occupations failed, they just gossiped. They had, unfortunately, far too much time to talk and far too little to talk about. The price of food-stuffs was a topic that never failed : the poor relation brought items of news from the bazaar, and minor ailments were a godsend. None of them could read, and if the menfolk did have books or newspapers, it did not occur to them to communicate items of interest to the women. They



"EMBROIDERED THEIR CLOTHES, AND GOSSIPED"

squabbled at times, but on the whole they were a good-natured, easy-going family, and there was not much serious quarrelling.

After a little while, a new and absorbing subject for discussion arose,—the son and heir that was to be. Zainab's husband was the elder of the two brothers, and it was most important that he should become the honoured father of sons. Zainab began almost to feel that she would be disgraced for ever if the baby proved to be a girl, but Fatmah comforted her with the assurance that, firstly, it was certain to be a boy, and, secondly, if certainty proved wrong, a daughter would be a great help in bringing up the family of sons that would follow in due course.

Fatmah was quite right, and a fine boy was born. Zainab's happiness was very great. To her the baby brought, besides the joy of motherhood, occupation for hands and mind, and an immense accession of dignity and importance. Henceforward she was not just "Zainab," as she would have remained if the child had been a daughter, but "the mother of Sher Ali."

II

Sher Ali himself thrrove and waxed plump like his grandmother, but Zainab did not regain her strength as she should have done. No one thought much of it at first. Very little exertion of any kind was required of her, and the fact that she soon got tired, and did not feel inclined to play

long with the children, escaped the notice of a rather unobservant company. But when little lumps began to appear in her neck, Fatmah and her son took fright, and the latter went off to Larkana, the nearest town, to describe the symptoms to doctors and priests, and to ask advice. The result for Zainab was a fine mixture of therapeutics: cupping, charms, horrible medicines, blisters, leeches, and the blood of a white hen slain by decapitation in the name of the Prophet.

But the more they were treated, the bigger did those lumps become, and the more obvious was the contrast between the robust young mother she should have been, and the languid, pasty-faced invalid she was. At last the two arbiters of her fate, her husband and his mother, discussing the matter together, decided that they must try one moré measure, even if it meant doing a thing their family had never done before—a difficult decision to arrive at in a community which is conservative to such a degree that to do anything without precedent is considered outrageous. So far, Zainab had been treated by men of various sorts, wise and ignorant, who could none of them be allowed to see her; and by women who could see her and feel the lumps, but who knew nothing except what they had learnt from their mothers and grandmothers, and that did not include the efficient treatment of tuberculous glands. There was only one place in the district where a woman patient could actually be seen and examined by a

doctor who practised the new foreign methods of treatment, which were said to be often successful when other remedies failed, and that was the women's hospital, staffed by women only. So Zainab was informed that to the hospital in Lar-kana she must go.

It was with very mixed feelings that she looked forward to the journey. She was young and enterprising enough to take to the idea of an adventure, and to look forward with a good deal of pleasure to the prospect of seeing a little of the world. But she knew that the hospital was in charge of an Englishwoman, whom she would have to face, and she had the foggiest ideas of what Englishwomen are like, and what queer unexpected things they may do and say. She had heard, in one way and another, a good many things about them, mostly rumours, or at best second-hand reports. She knew that they wore peculiar clothes—skirts, for instance, like some Hindus, instead of trousers—and that they went bare-headed instead of draping head and shoulders with a decent muslin shawl. Worse still, that they did not cover their faces when they walked abroad, but spoke to men face to face and unveiled, as one would think no respectable woman of any cultured class could do. To some minds this was clear proof that they were not respectable, but no one seemed to have anything else very definite to allege against their morals, so perhaps it was only one of the most surprising customs of a wholly incomprehensible race. She

could not remember ever hearing that they were unkind; on the contrary, some said that they had been known to take an astonishing amount of trouble even over poor women of no importance at all. One thing she had heard did frighten her a little. It was said that English people are always in a hurry. Zainab had never hurried in her life, and had very rarely seen anyone else do anything so undignified, and she found the idea of speed decidedly perturbing.

But it was no use thinking over whether she wanted to go or not. The decision was made for her. Her health was not her own; she was her husband's property, the mother of the family of sons he hoped for, and no trepidation on her part would have interfered with his decision.

Fatmah must of course go with her. The husband would escort them as far as the door of the hospital, beyond which no man might intrude, and there he would wait, to hear what treatment was advised and, if anything drastic was suggested, to give or withhold his consent. The all-important baby could not be parted from his mother, so he went too.

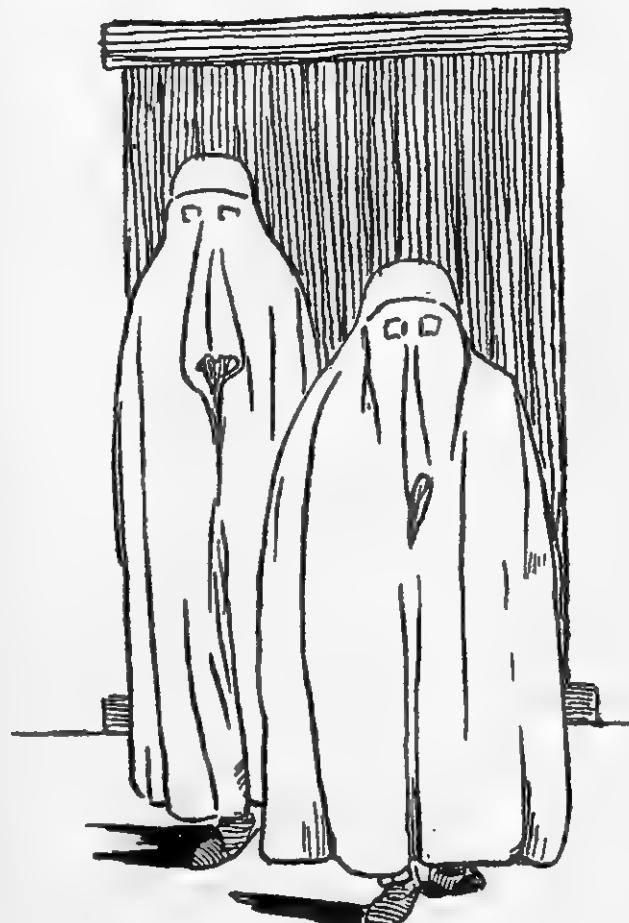
They aimed at starting at daybreak one morning, in order to avoid the heat as far as they could, and they actually got off about two hours later, when the sun was beginning to get strong. Judging by the preparations and excitement, one would have thought that they expected to be away for days, instead of five or six hours. At last two figures came out from the women's

quarters, enveloped in the customary mantle, which reaches from the crown of the head to the ankles, with only a little grating of lace or open-work in front of the eyes. They looked like large white pepper-boxes, with the holes pierced in the wrong place, and except that one was broad and voluble, and the other slim and silent, there was no outward difference between them.

When they reached the town, everything was new and interesting to Zainab, who had never been so far before. Not even during her wedding festivities had she seen so many people together. She and Fatmeh were both relieved, when they got to the hospital, to see a number of Moslem women among those who were going in at the gate. Most were of a poorer class than their own, but still the fact that there were other followers of the Prophet at hand made them feel less strange. They got down from their waggon and joined a friendly group, with whom they went in at the gate, while the oxherd loosened the ropes and gave the bullocks hay under a big shady tree by the roadside, letting them lie down in the dust if they would, on either side of the waggon pole.

III

Within the gate they found themselves in a small courtyard, beyond which was the verandah of what seemed to them a very large and magnificent house. Town dwellers would not have thought it magnificent, but it had two storeys,



"ENVELOPED IN THE CUSTOMARY MANTLE"

and was built partly of burnt bricks, while in their village nearly everyone lived in low mud houses, mud being a cheaper building material and cooler, though not so lasting as burnt brick. But as yet they had no eyes for the building. The whole place seemed to be swarming with people, for the morning's work was in full swing. All classes, ages, and religions were represented; the only ingredient left out of the medley was Man.

A young woman, unfamiliarly dressed, beckoned the newcomers to the verandah. For a moment Zainab wondered what sort of a person this could be, for in India dress denotes religious persuasion, and her clothes were of neither Moslem nor Hindu style; then she remembered having been told that some Indian women have adopted the religion of the English, and help in the hospital. The girl was, in fact, one of the Indian nurses, who wear while on duty the flowing white veils in vogue among English Sisters, because it would not be easy to do a nurse's work in the muslin shawl generally worn. Some of the women in the group had been to the hospital before, and explained that they must sit down in the verandah to wait their turn, and presently they would be called in to see the doctor.

This was not the day that the doctor from the Sukkur hospital paid her weekly visit to Larkana, but the women were not far wrong when they called the missionary superintendent-nurse "Doctor," for having had to work a great deal

independently, she had learnt to do far more of diagnosis and treatment than a nurse in England is called upon to undertake.

On the floor of the verandah the two accordingly sat, and began to look round and take things in. They found themselves part of a group to whom a Christian Indian woman was talking about Christ, but there was so much else to see and hear that they did not give very much attention to what she said. She herself was interesting enough; she was stone blind, and spoke with a strange accent, though quite intelligibly. (As they learnt later, when she made friends with them, she came from another part of India, and had only recently learnt Sindhi.) Then there were the other waiting patients; city Hindus of the shopkeeping class—gipsy women—a wealthy Pathan's wife in silk and velvet, with her pretty daughter—a road-sweeper, dirty and despised—evidently no one was too rich or too poor for admission here. Of babies and toddlers there were plenty, and of course they helped with the noise. Further down there were in-patients, for they had overflowed the wards, as they often do, and beds were ranged along the inner and outer sides of the verandah, only leaving a passage down the middle, and a clear space at one end for the out-patients.

Soon the turn of the waiting group came, and they were called in to see the missionary and be treated for their various ailments. Zainab looked anxiously to see whether an Englishwoman

would really be as extraordinary as rumour declared. She thought the white skin very beautiful, and the clothes very odd. As she watched the brisk movements she endorsed the accusation of being in a hurry, and she did not yet realise (though in later days she came to understand, albeit with regret) that it would be impossible for anyone with the leisurely and deliberate habits of an oriental villager to get through the work represented by the crowds already present, and still streaming into the hospital.

Fatmah did the talking ; indeed, she was quite ready to do considerably more than was required. The neck was examined, a few necessary questions asked, the baby's fat cheek was hastily pinched and he responded with a sudden smile, and Zainab's heart was won. So she did not mind when she was told that she could not be cured in one visit to the hospital, but would have to come a good many times. Some iodine was painted over the lumps, and as it stained the skin dark brown and smarted a little, she felt sure it was doing her good. The medicine she was given to drink looked poor, watery stuff till she tasted it ; but the taste was bitter enough to give anyone confidence.

They waited a little while to chat with other patients, exchanging recitals of symptoms, and to watch what was going on. They saw burns and sores dressed, drops put into inflamed eyes, ears syringed, teeth drawn, and other interesting things. The more serious dressings were done

behind screens, so they did not witness anything very alarming. When they were just leaving, they heard such fearful screams that they rushed back, thinking some child was being murdered ; but they found it was a spoilt little boy having a dose of castor oil. Reassured, they returned to their lord and protector in the road, and the missionary came too and explained matters to him. He agreed to bring his wife again on the day that the doctor from Sukkur was expected to visit Larkana. The bullocks were aroused, the party established themselves in the waggon again (not so comfortably this time, for the oxen had eaten most of the hay that had padded the floor they sat on), and, weary with excitement and new experiences, they started home.

IV

There was no lack of subjects for conversation during the next few days. Their neighbours and the prices of food were hardly mentioned ; there was so much to tell, so many questions to answer and comments to hear. There was a stirring revival of interest in symptoms too. Fatmah remembered those rheumatic pains she sometimes felt, and regretted that she had not asked for some medicine. She had seen such gallons of medicine in the hospital that it seemed a pity she should not have some, but at the time she had not been able to think of any complaint she wanted it for. She determined not to let another such

opportunity slip. Zainab's little step-daughter, Barkat, had from birth a deformity of the fingers of one hand, and this was a serious thing, for though it did not interfere much with her occupations of cooking and sewing, any abnormality would make it more difficult later on to get a husband for her. So it was decided that she should go with the party next time, in case the doctor could do anything for her.

So when the day came for the next visit to the city, the bullock cart had an extra occupant, and a very lively, excited little person she was. She thought it would be quite amusing to have brown medicine painted on her hand, and to see the tiresome web between the fingers gradually disappear. It did not occur to her that the treatment meted out to lumps in the neck might not be considered suitable to webbed fingers.

This time Fatmah and Zainab had more attention to give to the blind Biblewoman, who sat in the verandah and talked to the waiting patients. She sang part of a hymn, stopping sometimes between the lines to explain, and it seemed very natural to her and her hearers—to the Hindus perhaps more than to our Mohammedan family—that religious ideas should be conveyed in song. Then she told them a story which, as they understood, the great Prophet of the Christians had told His disciples, and she explained the meaning. They were rather surprised to find that His words were so good, for though Islam reverences Jesus as a great and holy man, the women seldom know

very much of what their own religion teaches, and they hardly expected to find anything admirable in a faith which does not acknowledge the Prophet Mohammed.

The doctor examined all three patients. Fatmah's business was soon settled with a bottle of liniment. Obviously surgery was the only possible treatment for Barkat; her father had known that all along, but he thought that perhaps the operation could be done straight off, as one might cut a slit in a piece of cloth and oversew the raw edges, and that the child could go home at once, cured and healed. It was rather a blow to be asked to let her stay in hospital, even for a few days. But there was Zainab's case too, and that was a much more serious matter. The doctor wanted to have her also in hospital, in Sukkur by preference, that she might have change of air and be under daily observation during a course of injections. He was warned that if the progress of the disease could not be arrested by some such means an operation would be necessary for her too, and that he was most anxious to avoid. But to try and hurry him into a decision would have been fatal, so the point was not pressed that day. Zainab was given some more medicine to carry on with, and the family went home to think—and talk—matters over.

Little Barkat was entirely in favour of the proposed visit to Sukkur. The thrilling excursion to Larkana had whetted her appetite for more and farther travels. Sukkur was a distant and un-

known country—forty-nine miles off!—and therefore must be full of wonders and delights. She did not trouble her head about the threatened operation ; in some miraculous way her fingers were to be made like other people's, and she hardly gave a thought to the method. Zainab was more timid about the venture than Barkat, but very soon she caught the infection of the younger girl's delighted optimism. However, her opinions carried very little weight, and Barkat's less still, and the two elders were not at all inclined to favour the idea. First and foremost, it was *not done*. Custom forbade that women of their class should leave home, unless for the house of a relative. Secondly, why should they go to Sukkur ? If it was Zainab's fate to get well, she would do so without all that trouble. Thirdly, there was no knowing what discomforts, and even perhaps publicities, they might have to endure in a strange place. Perhaps the doctors could be persuaded to perform a cure in some less adventurous way.

When the missionaries heard the decision and the reasons, they felt hopeful. A man who really had a conclusive argument does not, as a rule, adduce two other arguments to back it up, so it was possible that all three objections might be overcome. So they did what they could to reassure them about the quarters in Sukkur hospital, suggested a little more time to think it over, and repeated the medicine.

This went on for two or three weeks, and

Zainab's glands got bigger. Clearly, something must be done, but her husband was not yet disposed to give in to the Sukkur project. He would try one more healer first. All the doctors of any repute had done their best already, and most of the available holy men who were still in the flesh ; but there was a dead one whose tomb was said to have curative properties. So yet another journey was made, farther afield than hitherto, gifts were taken to the keeper of the tomb, prayers were said and rites performed. Then they went home again to wait for the cure. And the glands went on getting bigger.

In the end he gave in. There was still one difficulty in his mind, which he had not told the missionaries : it seemed so incredible that treatment which was free, and therefore accessible to the poorest, could be better than the remedies on which he had spent a very considerable sum of money. But he did wish very sincerely that the pretty young mother of his son might be cured, and there seemed to be nothing else to do but to take her to Sukkur. First he went there himself, to see what sort of a place the hospital was. Being a man, he could, of course, only see the outside walls ; but at the entrance he made friends with the husbands of a few of the patients within, and ascertained that it was a place where Moslem women could stay with safety and reasonable comfort. Primed with this information for the allaying of Fatmah's fears, he returned home and announced his will that Zainab

and Barkat should be put under the care of the doctor at Sukkur.

The two patients were delighted. Even Fatmah had been talked round, and was no longer averse to the plan. She was a comfortable, easy-going woman, never inclined to hold out long against anyone's wishes. She would go too, and take care of them while in hospital, leaving her other daughter-in-law and the poor relation to keep house at home.

v

One would think that when matters had advanced thus far there was nothing left to do but to go. Indeed it is difficult to say how the next busy fortnight was spent. There was not even much packing to do : a little bedding, a few changes of white washing garments, some cooking vessels, and a small store of foodstuffs to start upon. At last these were made up into a number of bundles of various shapes, and stowed in the ox-cart ; the five travellers got in, and a few more items were handed in after them, such as a brazier for cooking over charcoal, some rush fans, a couple of narrow-necked earthen jars of water, two or three loud-voiced hens, some cooked food for the journey, and some miscellaneous forgets and afterthoughts. Eventually they got under weigh for Larkana railway station, where they arrived half an hour late for the morning train they had intended to take. This mishap was taken with

great composure, and they settled down to wait till the next, which ran in the early afternoon. It must have been a trying time for Fatmah and Zainab, for it was already early summer and the heat was considerable, and in the publicity of the waiting hall they could not unveil, but had to swelter beneath their very substantial and voluminous mantles. Once in the women's compartment of the train, they might throw these aside, only putting them on again at stations, where the public could gaze in. Nearly every time the train stopped, the man of the family came from his masculine compartment to see if they and the baby were all right and needed nothing.

They chatted freely with the other women in the carriage, telling all about the object of their journey and detailing the treatment already tried, and hearing many particulars of the homes and families of their neighbours. One woman was going to the wedding of a relation a little way down the line ; another was the wife of a clerk in railway employ, and as he had been transferred, his family must move too. Yet another, a young Mohammedan woman, sat silent and depressed, while with lamentations her mother explained her disgrace. She had been married for three years, and had no children, so now her husband had divorced her, and her parents were taking her home and would have to try and find another husband for her. Her mother felt aggrieved, as she well might, for the husband was old and decrepit, and had divorced three young wives in

succession, all for the same reason. Her listeners did not blame her for having married her daughter to such an old man, for they knew that the public opinion of a village often coerces parents in such matters, if the suitor is rich and influential.

Less than three hours brought them to Sukkur, and here they all turned out on to the swarming platform, and coolies helped to take their belongings out and to mix them with those of all the other passengers, while Zainab stood bewildered, clutching her baby ; Barkat clung to the skirt of her mantle ; Fatmah, also rather bewildered, screamed through the tumult to the coolies and tried to help her son to sort out their own possessions ; and the throng surged past, stumbling and tripping over packages and hens. When the crowd grew thinner, and they had collected their property and sent the coolies on with it, they followed to where pony traps stood for hire. The women climbed on to one, taking some of the smaller bundles, and the man took the rest of the luggage on the other ; and after a heated altercation with the coolies about payment, they drove off to the hospital, less than half a mile away.

They were admitted by the head nurse, who showed them their quarters, and the gatekeeper helped them to carry in their goods. The nurse inquired into the arrangements they wished to make about food, and showed them the kitchen provided for Mohammedan patients ; then she left them to settle in.

They found they could make themselves very comfortable in their new quarters. They had a section of a wide verandah to themselves. There were reed blinds which could be let down, to keep out the sun and some of the hot air, and to shut them off from other patients on the verandah who might not be of their class or religion, thus making a little room with space for their three beds. In the evening, when the air cooled a little, they could raise the blinds and get a through draught, and, if they wished, it was easy to carry their light bedsteads out into the open and sleep under the stars.

But the first necessity was to unpack food and cooking-pots, for the excluded member of the family had gone to find quarters for the night in a rest-house for Mussulman travellers, and would soon be back to sit in the gateway and eat his share of the evening meal. He was not a little relieved, when he did return, to find his mother so well pleased, for—lord and master of his womenfolk though he was—even the amiable Fatmah had a rough side to her tongue on occasion, and he dearly loved a quiet life.

The doctor looked in a little later, but her visit was social rather than professional. She welcomed them to Sukkur, and promised them thorough examination and treatment in the morning. They were too tired after the thrills and fatigues of the adventurous day to be fit for anything but a night's rest.

The next day brought more fresh experiences,

as they adapted themselves to their new surroundings. For Zainab there was the prick of the needle, which hurt much less than she had expected. When her arm was bared for the injection, she protested, reminding the doctor that the glands were in the neck, not the arm, and she was very much interested to hear that this wonderful medicine could be relied on to run up the arm inside, and get to the spot where it was needed. She talked with a number of other patients, hearing all about their ailments and treatment, and found them equally interested to hear about hers and to look at Barkat's hand. As the little girl was to have her operation in a day or two, it was very consoling to find that there were several in hospital who had already "been caused to smell the bottle" (i.e., the chloroform bottle), and seemed to be none the worse for it. In the afternoon, when work was over for the time, Zainab made friends with the nurses.

Her husband arranged to stay in Sukkur until Barkat's operation was over, and then he could leave his mother in charge, only coming over now and then to visit them, for he had been warned that Zainab's cure could at best be but slow.

There was only one in-patient just then who was of their own class, as well as religion, and with her they spent a good deal of their time. Sona was some years older than Zainab, and had two children with her. She told them that she

had been in hospital several times before, with a chronic internal complaint (of which she gave them all details). From her they learnt something of the limitations of an English doctor's powers. Her three-year-old daughter Huri had a large scar on the top of her head, and there seemed to be no ointment on the dispensary shelves which would ever make the hair grow there again. As to the scar, that had been quite unavoidable. In infancy the child had had convulsions, and the barber had been called in to apply a counter-irritant to the soft spot on the baby's head. He had not intended to produce a deep sore and a lifelong bald patch, but man can only apply treatment, and leave the result to fate. Then there was the younger child, also a girl. She had been born in hospital, and neither medicines beforehand nor assistance at the time had been able to produce a boy. Still, Sona herself had had an operation some time ago, and admitted that she was very much better since.

The day came for Barkat's operation, and her grandmother was allowed to come into the theatre with her, to talk encouragingly to her till she went off to sleep. Then a reluctant granny was led away, to wait outside and wonder what strange things were going on within. When the patient was carried back to bed, still unconscious, her friends got a bad scare, in spite of all they had been told beforehand. They doubted if she was alive at all, and entreated her to speak to them to prove it. It was with the greatest difficulty

that they were persuaded to let her sleep off the anæsthetic. When she did begin to show signs of life, they wanted to feed her at once. Fortunately the poor child felt much too sick to look at food, so that effort was easily discouraged. The next few hours were unhappy ones. But by evening Barkat felt much better, and able to appreciate her position as the centre of interest ; and when one of the missionaries, the "maker-of-medicines-mem-sahib" (otherwise pharmacist), came and put a doll in her arms, she thought she began to be repaid for the troubles of the day. She accepted the gift without apparent enthusiasm, but the giver knew that it was appreciated. Ebulitions of joy before strangers are considered slightly vulgar, so what with shyness and good manners, a child's pleasure in a doll is seldom allowed to be seen much at first.

In two or three days she was able to forget the bandaged hand and enjoy life as usual. She used to go to the bazaar with the gatekeeper, who did the marketing for some of the patients, and help to carry the purchases, and when her first shyness had worn off, she made friends with the other children in the hospital. Some of these were themselves patients like herself ; others were in hospital with their mothers because they could not be left alone at home, or came during the day with their fathers to bring food. There were girls of all ages, and boys up to nine or ten years old ; but her special pets (after her own little half-brother) were Huri of the bald patch and her

baby sister, who should have been a boy. She was never happier than when she had a baby sitting astride her hip, and now there were two babies to be had, she could have one or other quite as often as her young muscles would allow.

Sher Ali was about ten months old at this time, very well grown and sturdy, and too heavy for Barkat to carry for long ; but he by no means desired that she should. He found it much more interesting to crawl about on hands and knees, with Barkat in attendance, to head him off dirt or danger, and bring him back when necessary to his starting-point. Not that dirt mattered very much, for being washed is always pleasant in hot weather, and his only garment was a shirt reaching down to his fat waist, while even that was not considered at all necessary for propriety, and he frequently dispensed with it altogether.

The family had not come to Sukkur with the intention of staying more than two or three weeks, but when they saw that there really was improvement in Zainab—that her general health was better than it had been for months, and the glands had begun to subside—they were unwilling to give up the experiment so soon. They were encouraged to stay as long as they would, and it was nearly two months before they finally went home. Barkat, now the happy possessor of a hand that was very nearly like its fellow, looked forward to showing it to the home household, and in Zainab's neck there were now no disfiguring lumps to catch the eye. Her husband promised to bring

her again to the hospital at Larkana in the early autumn. Finally the bundles and packages, water-jars and braziers, treasures from Sukkur bazaar and Barkat's cherished doll were all carried out and piled again on the hired carriage to drive to the station.

VI

Probably to their friends at home the returning travellers seemed little altered, except in health. It would not occur to anyone to expect any other change, and the wider outlook given by an experience of new conditions, and by association with others—both Hindu fellow-patients and Christian staff—whose attitude to life differed from their own, would not be noticeable to those who had stayed in the village. No doubt Fatmah was the least affected by what she had seen and heard. She, with the others, had enjoyed the lantern pictures of the life and parables of Christ, and, so far as she had listened to the explanations, she agreed that the words were good. But a Moslem learns from childhood that a woman's spiritual potentiality is meagre in the extreme, and the conviction which she has absorbed in her early years remains, unconsciously inhibiting the development to its full capacity of her spiritual life. It is therefore very difficult to make a deep impression on a Moslem woman, and as she grows older the difficulty increases. But something is gained if the slight interest aroused in her makes

her less intolerant of others who may be responsive to new ideas.

Zainab, in her early womanhood, was much better able to appreciate the beauty of Christ's life and character, and its underlying spiritual significance. She was able also to grasp, as the older woman could less readily do, the idea of a necessary connection between sanctity in religion and homely virtues in daily life—a connection largely lost sight of among Moslems, as it too often has been among Christians. But a woman whose home conditions are reasonably happy is not found willing to imperil all that has hitherto made her life worth living for the sake of a religion that will satisfy her soul, unless she has a conception of spiritual values of a clarity very unusual in one of Zainab's upbringing. She had never before thought much about what lies below the visible surface of life, and the garden of her character would need a great deal more tending ; but a beginning had been made.

Barkat could take in a new idea with much less repetition than her elders required. Her mind was more supple and her imagination more alert, and it did not seem so strange to her to hear of a God of love, of an incarnate God who showed His character to man. She was only nine years old, and she did not think very seriously about such matters, nor, probably, about anything else ; but even those two months must have made a difference to her. Good seed sown in future would find in her character some prepared soil ; if at a future

time she should again come under the influence of Christian teaching, the thoughts put into her mind would not be entirely new and alien, but would find something there, half forgotten it may be, but still making their acceptance easier.

VII

In the autumn Zainab began to attend the hospital at Larkana again. It was not necessary for her to stay as an in-patient this time ; weekly visits gave opportunities for another course of injections, and most of the glandular swellings disappeared entirely for the time being. Her cure has never been quite complete. Now and then she has had to return for renewed treatment, but neither her general health nor the local condition has ever given serious anxiety again.

Sher Ali is now a strapping youth of about four, who lords it over the whole household, and knows that he is the pride of his father's heart, and, of course, of his mother's. He is a very independent-spirited boy, and has the makings of a strong character, which one can only hope will not be ruined by very thorough spoiling, and an almost complete absence of discipline. He has a delightful little sister, Gulsum, some two years younger than himself. She was born in hospital, and so is one of the ever-growing family of children who seem to claim an extra share of the affection of the staff. As a rule she is very friendly, though at one time all her love was

suddenly turned to bitter fear and hatred, for her mother brought her to hospital with the request that her nose and ears should be pierced. The demand was the usual one—three holes in each ear and one in the left nostril—and it had to be complied with, for custom insists that a girl must wear ornaments in ears and nose, and if the missionary refuses to pierce them with a clean needle, someone else does it with a dirty one, and the child often suffers a good deal from inflammation, and now and then from some really serious infection. By degrees Gulsum forgot the injury and her love returned. She now wears six little silver rings in her ears and a stud in her nose, the latter to be replaced some day by the special ornament which is one of the distinguishing marks of a married woman.

A precedent having been established, women and children from other households of the same family have begun to come to hospital for treatment. Often the missionary's advice is received with very partial confidence, and carried out in a perfunctory way along with other remedies, and the results are not always satisfactory. But friendliness is established, and while their diseases are treated there is an opportunity for influence along many lines. They can be shown better ways of feeding and bringing up their children, so as to prevent disease and reduce the terribly high death rate ; and they can be shown something of what Christ came to bring to mankind. The result depends largely on the character and

spiritual quality of the whole Christian staff, down to the junior nurse ; it should be very far-reaching, though as yet not much seen. The Spirit Christ left with his Church is as powerful now as in the days of the first disciples, so we are confident that eventually "the earth will be full of the knowledge of the Lord, as the waters cover the sea."

SURGERY UNDER DIFFICULTIES

A LOW-CASTE village woman came to Sukkur Hospital one Saturday afternoon, bringing her little boy Lekhu to be cured of an internal disease. It is a fairly common complaint in Sindh, very painful at times, and most of the people know that there is no cure for it in medicines. There must be many who have not heard that operation is possible, but Lekhu and his parents lived in a large village only twelve miles from Sukkur, with a tolerable road (as roads go in Upper Sindh) the whole way, and there is so much communication between the village and town that there are probably few villagers who have not heard something of the women's hospital and what goes on there.

So it was not necessary to spend any time in persuading his parents to allow the operation ; his mother walked in with the boy sitting astride on her hip, she very smiling and affable and he very cross, and announced with the air of one come to confer a favour,—“ See, I have brought you a boy. Operate on him ! ”—What did take time was the explanation that the operation could not be done instantly, and that she would not be able to start home early the next morning.

But she knew very well that no other treatment was possible, and Lekhu was her only son, and he cried with the pain ; so she and her husband had to make up their minds to a little patience, if one can apply the word to a most unwilling submission to implacable circumstance—or, as it evidently seemed to them, to the arbitrary decision of an implacable doctor.

Not only must she wait for the wound to heal, but a few days' delay was necessary even before the operation. No surgery is done on Sundays, except in cases of emergency,—not because it is wrong to relieve pain on Sunday, but because some rest and relief once a week from the daily routine is very desirable for the staff, bodies and souls ;—and it happened that other operations were already arranged for the Monday, so poor little Lekhu would have to wait till Tuesday, and a very good thing too, in spite of his mother's eagerness. The child would have time to get to know the nurses, and to be a little more under their control ; and as he could not be parted from his mother, it was essential that she should acquire the first inklings of an idea of attending to what she was told and carrying it out.

Lekhu cheered up considerably during the intervals when he was free from the attacks of pain. He was a quiet, shy little fellow, not more than three years old, if as much ; rather thin and fretful, but not nearly so cantankerous as one would have expected in the circumstances. We hoped to send him home before long, with



LEKHU AND HIS MOTHER

nothing to prevent his growing chubby, spirited, and good-tempered.

On Monday the mother was given very clear instructions for the next morning, that she must on no account give the child anything to eat, because he was to have chloroform. She assured the nurse that she would obey, but to make sure, the directions were repeated and emphasised early on Tuesday morning. But Lekhu was not used to going without his breakfast, and cried for it ; and his mother was not used to refusing him anything he cried for. Moreover, she never dreamt that it could matter if she disobeyed instructions, so long as no one saw her disobeying. The hospital was, as it generally is, very short of nurses, and it was impossible to have her watched all the time, but she had the bad luck (so she thought it) to be caught, for a nurse came unexpectedly round the corner and found Lekhu with a curry-stained face, and clutching a half-chewed piece of sugar-cane for dessert. His mother declared he had eaten nothing ; then that he had only eaten a scrap the size of a pea ; but of course her statements were quite undependable, and the unbelieving nurse had to report the facts to the doctor. It was better to postpone the operation than to risk doing it without knowing how much curry and sugar-cane the patient contained, so to the mother's great disappointment she found she had to wait till the next day for it. She could not believe that there was really any good reason ; she simply thought the doctor was

angry with her for not doing as she was told, and that this was a way of paying her out. She begged her to be gracious and to forgive, but the doctor was hard-hearted, and refused to be kind enough to risk the child's life by giving chloroform just after a meal of unknown size.

The mother learnt something by what had happened, if only the obduracy of the English heart, and on Wednesday morning Lekhu had to go hungry in spite of his fretful wails. The operation was successful, but with a mother of that description the after-treatment always gives some anxiety. She had, of course, a consuming curiosity to see the wound, and she did not think she could do any harm by looking, provided no one saw her look. She was a strong-minded woman, who relied on her own judgment, and did not set much store by anyone else's whims. We did hope that Tuesday's experience might have cured her of that point of view ; but on Thursday when the doctor came to do the dressing, it was manifest from the disarray of the bandages that the outer folds had been loosened, and prying fingers had been poked underneath. One has to make the best of a bad job in such cases, and wounds sometimes heal perfectly after worse mishandling than that ; but Lekhu's incision gave a good deal of trouble and was very slow to heal.

On the day of the operation, when he had recovered from the chloroform, he showed no particular antipathy to the doctor, but made it quite

plain that he detested the sight of the missionary who had given him the anæsthetic. Evidently he attributed all the sufferings of the day to her. She thought it very unfair, for the doctor had done just as much to make him uncomfortable, though he knew nothing of her share in his woes. But her advantage was only temporary ; she had to dress his wound, and for a few days it was tender enough to engender in him such a hatred of her that the anæsthetist appeared an angel of mercy by contrast. Fortunately the three-year-old memory is short ; one oppressor bought back his regard with a coloured tin animal of doubtful species, and the other with a tin flute, price one anna. It had a single lugubrious note, and he played it for the greater part of his waking hours, and the other patients seemed to like it. A louder noise would have pleased them better, but still it was a noise, and so added to the general gaiety. When a Sindhi patient dislikes a noise, she is very, very ill.

The wound was one which ought to have healed in ten or fifteen days, but it did not have a fair chance. Neighbours from their own village came to see Lekhu and his mother, and they would have considered her most unfriendly if she had refused to let them see such an interesting thing. They had not been taught in their youth to "look with their eyes but not with their fingers," and though the looking fingers were often rinsed with water, and were therefore considered quite clean by their owners, it was not

the custom to use soap. The result was that at the end of three weeks there was still a spot not quite healed. For more than a week the mother's patience had been wearing very thin, and it was only with much persuasion that she had been induced to stay so long ; so we were more sorry than surprised when one morning we found that she and the child had vanished. She had no doubt decided that, as English dressings did not heal the wound, she would try the application of country medicines. Anyhow, she arose at day-break and bundled up her cotton quilt, cooking-pots and drinking-vessels, and departed as soon as the gate was opened.

Ten days passed, and back she came again, cheerful and confident of applause, as if a habit of popping in and out of hospital was just what one likes best for a surgical case. If she had stayed, probably the wound would have healed in half that time ; even now, it was not much worse than when she left us. Lekhu seemed quite pleased to be back ; no doubt his village friends meant well in their efforts at treatment, but goodwill does not always imply a light hand and gentle touch. He had almost got over his fear of us, and the gradual return of friendliness in a shy and frightened child is very captivating, so he had a warm welcome. He improved rapidly, and was very nearly healed when, a few days later, his father insisted on an immediate return home. He said there was to be a wedding in the family, from which his wife could not absent herself. It

may have been true, but in India weddings often serve the same function as the funeral of the office-boy's grandmother in England—and serve it better, too, the possible number of weddings being unlimited, while that of grandmothers is not. Protests were in vain, and the family decamped. So far, they have not returned.

Probably the wound healed in the end. All it needed was to be kept clean, and though that would certainly not be done at home, the chances were that dirt would only delay, and not prevent healing ; but as long as there is an open wound and no knowledge of surgical cleanliness, there is always some danger of blood-poisoning or tetanus. Still, it was a satisfaction to know that the boy left hospital much better off than when he entered it, for he had exchanged a painful and progressive disease for a small healing wound. Probably some day he will return, grown out of all recognition, and his mother will be surprised if we do not know her and her son at a glance, and remember all about them as if they were the only patients we ever had. Truly she did a good deal to impress her personality on our memories! But we should not easily forget little Lekhu.

"WHO IS MY NEIGHBOUR?"

THE weather was cooling down, and the short, mild winter was very near, when a family of Moslem villagers came to the hospital in Sukkur and announced their intention of depositing some of their number there for a while. The patient was a young woman who had been in bad health for months, and ought to have come much earlier, but various things had delayed her. First, a good many minds had to be made up (not hers, but those of the men of the house and her mother-in-law), and that always takes time, especially when the minds are rustic and unused to anything much more rapid than the growth of crops. By the time that was done, the late summer harvest was ready to be gathered in, and every available pair of hands was required to help in the fields. Not even the patient herself could be spared just then, for she was still able to do a certain amount of work ; and even if she had been much more acutely ill, no able-bodied relation could have left home at such a busy time to bring her and stay away from home with her. The family lived very near the line which separates just-enough-to-eat from semi-starvation ;

crops were their very life, and must always be considered before even health. Probably the possibility of a woman staying in hospital all alone among strangers never entered anyone's head. But when the heaviest work was over for that season, it was decided by the men of the household that the sick woman's husband should take her, her nine-months-old baby, and a selection of her women relatives, to see what foreign medicines and applications could do for her.

The party arrived in Sukkur in the early afternoon, after a long ride in a bullock waggon. They were too poor to own such a thing, or to pay much for hire, but had taken advantage of a richer neighbour's load of fodder going to the town for sale, so the patient and her baby had a fairly comfortable seat when they had been hoisted on to the top of the pile. The more robust members of the party walked and rode by turns—for the pace of bullocks is within the powers of any walker, except when the driver is in a hurry and twists their tails more than usual. The man's mother had insisted on coming with them, to see that all things were done suitably, and that the hospital was a safe place and the staff sufficiently reliable people for the custody of her son's wife and child. But she wanted soon to get back home, so the patient's own sister, a girl of twelve or thirteen, was borrowed from her father's house to be companion and attendant as long as might be necessary. She was delighted to come, and considered it the chance of a lifetime to see some-

thing of the world, and at the same time to enjoy the unlimited society of her beloved nephew.

They were not a tidy, well-dressed crowd. The women had three garments apiece, the baby a maximum of three, or a minimum of none, unless you count the glass bangles. The women wore jumper, trousers, and head-shawl; the baby a shirt, a sort of waistcoat with sleeves, and a padded cap with flaps to come over his ears. The waistcoat was only put on when it occurred to someone that he might feel cold, or when he had to look his best, as for his photograph; but as he really looked his best in his little brown skin, and as often as not wore only that in the cool early morning, without apparently feeling the cold, it was not a very useful garment. All the clothes were of coarse cotton; no bright, clear colours, but white dirtied to greyish fawn, and various shades of brown and red, showing signs of much wear, sun, and dust. There were rents here and there, the larger ones roughly cobbled together, others considered too insignificant to bother about, being only a few inches long.

They brought no cooking-pots, for Moslems have no caste, and can use those provided by the hospital without ceremonial defilement, and no doubt the house supply was a bare sufficiency and it would not have been easy to spare any. Their bedding consisted of a very coarse, dirty woollen blanket, a treasured possession; they need not have brought that, for the hospital would have

supplied all they needed—and clean, too ; but they felt more at home with their own.

We established them in the general ward ; it was nearly as good as being out on the verandah, for the doors were always open, so the air was kept fresh. For a few days the family blanket had to be allowed, for villagers on their first visit to the hospital are very easily scared, and one has to let them live as nearly as possible after their own fashion ; and it was not as bad as it might have been, for in the dry climate of Upper Sindh vermin are scarce. At all events, if a start had been made by proposing a bath and clean clothes, the patient would have fled, for fear not only of that but of other dangerous innovations that might follow.

II

Poor Karm Bibi, the sick woman, had a form of tuberculosis, and it was clear that the best and quickest treatment for her would be operation. But she was terrified at the idea. Perhaps she had heard of someone who had been operated on unsuccessfully ; perhaps some neighbours in her village, knowing she was to go into hospital for treatment, had amused themselves by inventing alarming stories of what the English people do to folk when they get them under chloroform. Such things happen often enough. Whatever the cause, her first request—before she would even divulge what was the matter with her—was :

" Give me medicine ! *Please* don't bring out your knives and forks ! " And it took some cajolery on the part of her mother-in-law, and soothing talk on the part of the nurses and the doctor, before she was convinced that the latter had no knife (or fork) concealed about her, and was not going to do a major operation straight away without warning or permission. So the only thing to do was to promise her the best medicine possible, external and internal, and assure her that no operation was contemplated at present. But the doctor cherished a secret hope that by degrees confidence would be established, and it would be possible to persuade her to have the only treatment that offered any chance of real cure. In the meantime, dressings were ordered, plenty of medicines were given her to drink, and she was instructed as to what she must or must not eat.

The Sindhi considers diet an important part of the treatment of any complaint, although his notions of suitable food are often very different from ours. In the present instance, Karm Bibi and her friends were quite convinced that a low diet, with no milk or butter, was correct for her symptoms, and she had been kept on this régime for some time, with the results one might have expected ; while the doctor held that she needed fattening and feeding up. At first, though she submitted to the dressings and swallowed the medicine gladly, she *would not* drink milk ; but after a few days she was persuaded that she could not expect English medicines to do her any good

unless she took the appropriate diet (there being a necessary connection between the things that were destined to get mixed up inside her), and that the doctor who prescribed them all might know something about it, and was possibly right.

There was no such difficulty in gaining the confidence of Baby Hajan. He was disposed to take everything and everyone he saw as the most delightful joke, and his only difficulty was to find ways of expressing his exuberant joy in this best of all possible worlds. After her early morning meal, his mother would generally lie down for a rest before the doctor came to do the round of the ward, and as Hajan had been jumping and crowing with tremendous energy since daybreak, he was quite ready for a nap too. The morning air was beginning to be chilly after the intense heat of the summer, so she used to roll herself and him in the blanket, drawing it right over their heads to exclude all air. It was impossible to break her of this pernicious habit, for everyone she had ever heard of completely disappeared under blankets for sleep in cold weather. But the germs and stuffiness from the blanket and his mother's breath did not appear to have done Hajan any harm as yet. Fortunately the tuberculosis had not affected her lungs, so she was not infectious.

Her bed was the first the doctor came to on entering the ward. Mother and baby were often still asleep under the blanket, but the young aunt would be perched on the edge of the bed, watching

for the moment to wake them. As soon as she heard the steps approaching, she would prod the long brown mass, calling, "Oh, elder-sister, wake!" and then seize upon Hajan, ostensibly to take him off his mother's hands while the doctor looked at her, but really because she wanted to have him in her arms every minute she possibly could. Hajan never took long to wake. It was sometimes rather difficult to give serious consideration to anything else while he was smiling and clapping his fat hands, and distracting attention with all the beguiling ways known to babyhood. Squeals of laughter would follow the group down the ward, as something in the back view of the doctor or one of her staff appealed to his sense of humour. Now and then his aunt had to be told to take him outside, that the morning's work might proceed more efficiently, though less joyfully.

A few weeks passed, and Karm Bibi was practically no better. She seemed to feel quite at home in the hospital, and was enjoying the rest from the very hard work in fields and home that makes up the life of a village woman of her class. She was delighted with the lantern pictures which were shown to the patients in the evenings; and never missed coming to see them and to hear the stories of Christ's life and parables, and she was certainly gaining confidence in the goodwill and kind intentions of the missionaries, if not in their skill. Once or twice, operation had been tentatively suggested, but it was evident that she

was only very slowly coming round to the idea. She would apparently have been content to prolong her stay indefinitely. Her husband, however, who came to see her from time to time, wanted to have her back at home again, and was naturally dissatisfied, seeing no improvement. It was not difficult to get his permission to operate, and with his influence on the right side, another effort was made to persuade her. Rather reluctantly she consented, and the doctor decided to do it first thing the next morning, by way of striking while the iron is hot,—knowing that the longer she had to think it over, the more likely she was to repent, and refuse to have anything done.

She seemed much less alarmed when the time came, and she let herself be led into the operating room, and lay down on the table obediently. A short prayer for success was said in her own language, "for the sake of Jesus Christ, Who healed the sick when He was on earth," and then she was told to count aloud, taking a deep breath after each number.

"One," said the missionary who was giving the chloroform.

"One," said Karm Bibi, and took a breath.

"Two."

"Two," and another breath.

All went well up to five. The chloroform was just beginning to take effect, and the first result is always loss of control over one's mental balance. Suddenly all the old fear, barely overcome

with such difficulty, came flooding back into her mind. She threw aside the mask in wild terror, and sat up, trembling with excitement and absolutely refusing to take any more. She didn't like the smell, she protested with unnecessary violence. Indeed, who does? But the real reason—the overwhelming panic—was obvious. There was nothing to be done but to take her back to the ward and let Hajan and his aunt console and calm her as best they could.

Later in the day, she was found rolling up her few possessions in the old blanket, and preparing to go sorrowfully home. She had assumed that the doctor would most certainly be angry with her for her behaviour in the morning, and of course there was no hope of any further help or kindness from one she had offended, so she did not see the use of staying any longer. One of the missionaries had a long talk with her, and tried to persuade her to wait and let another attempt be made a few days later, for she now seemed really to regret that the operation had not been done. She gave in, and let her dressing be done as usual again, and took her medicine.

For two days matters went on as before ; then, when no one was noticing, she bundled up her worldly goods and slipped out of the hospital with her sister and Hajan.

III

Some light was thrown on the affair afterwards. A number of patients about that time had been refusing operation, or agreeing gladly and then decamping just before the day fixed for it. It transpired that two or three other patients in the hospital, dissatisfied with the amount of consideration their ailments were getting, put their heads together and decided that the hospital was too full and the doctor too busy. They saw that surgical cases took up, in their opinion, too large a proportion of her time. So in secret, when none of the staff were within hearing, they circulated stories of the horrible things that were done under chloroform, and the women that came out of that room dead or maimed.

Some patients who had known the hospital for a long time, and who knew quite well that it was all invention, heard, but did not think it their business to interfere. They were Brahmans, and it did not matter to them whether lower-caste Hindus and Moslem villagers were cured or not ; and the evil-doers might invent lies about them, or in some other way pay them out, if they did anything to stop what was going on. So they allowed one sufferer after another to be frightened away from her only chance of cure, and said nothing till inquiries were made. Karm Bibi was afraid of an operation before she came to the hospital at all ; her fear was deliberately kept alive in order that a few other women might hope

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for a larger share of the time and attention of the staff, and in the end she was assured that the doctor really was angry with her, and would certainly not take any trouble to do the operation safely and well.

If only the staff of conscientious, responsible workers were large enough, such things would be much less likely to happen. But there are not nearly enough Indian nurses of the right type to satisfy the needs of all the hospitals, and they are particularly hard to get in Sindh, because none of them are Sindhis and they do not care to come to a strange province ; and the scarcity of English nursing sisters is still worse. So there is often too little supervision, and much harm may be done by unprincipled women before their real character is found out. It is disappointing, almost disheartening ; but it only means that still more strenuous work is needed to bring about the remedy—the acceptance of Christ's standard of neighbourliness throughout the land.

We are not likely ever to hear of Karm Bibi and Hajan again. There is no hope of cure for Karm Bibi in her own village. She must have been getting slowly worse, and by now she is very likely dead. Hajan, if he has escaped all the dangers that threaten the lives of babies in India, and destroy so many, is being brought up to Moslem ideas of right and wrong, the Moslem conception of man's attitude towards women, and Moslem teaching on the behaviour of the strong to the weak.

His aunt had no doubt gone to her husband's home by now, and very likely has babies of her own, if she has survived the risks of motherhood. She had a better chance of that than most, for she was a well-grown girl, and not as young as many are when they have to begin child-bearing. She had been married years before, but up to the time she came to hospital she was still living with her own parents. She was a bright, intelligent girl, quite keen on learning what was taught, as well as on seeing the lantern pictures. She is not likely to have any help or reminder in her home, but some of the teaching may stick in her mind, and if, in spite of what the other patients told her, she retains some slight conception of a higher ideal of unselfishness and kindness than her fellow-villagers understand, she will inevitably transmit an inkling of it to her children, and something will have been accomplished.

There is one other thing which gives us hope. Karm Bibi's husband, though he could not be allowed inside the women's hospital, and so heard very little about Christ, bought a Sindhi New Testament to take home with him. He could not read himself, but he said he had a young brother who had been to school and learnt. A village boy who can read gets very little literature to practise on, and is generally glad of more; books cost money, but the Bible is sold at cost price or less, and so is often bought simply because it is something to read, and cheap. The reader is astonished when he discovers the quality of the book he has

bought so carelessly, and is sometimes profoundly influenced by a character such as he has never heard of before. An Indian in his home will nearly always read aloud, not silently to himself, so in this way the teaching of Jesus Christ reaches many, simple and educated, in remote villages where Christians never go. So perhaps Karm Bibi's stay in hospital may after all have made a difference to Hajan's home and upbringing.

AN OBEDIENT PARENT

ADAM was ill, like most of the other people who get into this book. Not very ill, but ill enough to have lost all inclination to play ; he just wanted to be let alone. He squatted on the bed in the hospital ward, or on the floor, or wherever his mother happened to establish him when she was not carrying him about in her arms. Cajoleries adapted to the normal two-year-old did not even stir the surface of his solemnity. His body was small and his head was large, and looked larger still. Anyone new to the district would have thought he had a tumour on the brain, in fact several tumours, for his head bulged at the top and sides, though it was very flat behind ; but that was beauty as understood by his particular tribe. In early infancy he had been tied up in swaddling bands according to their custom, and his head had been tightly bound down to a piece of board, which flattened the soft skull at the back and made it swell out elsewhere instead. No curls hid the strange contour of his skull ; all the down was shaved off as fast as it could sprout. Evidently Adam had once had a good deal of vitality, for he had wriggled his head crooked on the board, and the compensating bulge was much bigger on one side of his head than the other.

But it did not matter, for his own people were not so fussy as to think that a mere trifle of crookedness made him any less handsome.

His parents were of a nomadic tribe, wandering from hills to plains according to season, and living mostly in very sketchy little temporary huts or tents. They were not used to living in a town, with masonry walls all round them, and when Adam and his mother had been in hospital about a week, she felt it was high time they were off. The child was better, but not nearly well yet, and the doctor tried to persuade her to stay a little longer.

"No," she said, "we must go this very day."

"Why?" Well, there did not appear to be any particular reason, but go they must. The doctor was almost giving up the attempt to dissuade her, when at last the woman thought of a conclusive argument for going.

"The child is determined to go. How can I keep him here against his will?" she asked.

Then she turned to Adam with confidence.

"You won't stay here any longer, will you?" she said. "You want to go away!"

To everyone's astonishment the taciturn Adam announced : "No. I will stay here."

And he stuck to his resolution for nearly a week. The poor mother was heard telling the other patients how the boy had failed to back her up, but apparently it never occurred to her that her son's will need not of necessity be her law. So for once the custom of giving a boy all he wants

had a good result, for Adam went on improving rapidly, and before he left he was actually seen to smile.

When they did go, it was without warning, quite early, before anyone likely to stop them had appeared on the scene, and we have reason to think that Adam's opinion was not asked. Even the most dutiful mother may be forgiven for acting without her son's consent if he is too sleepy to be consulted.

THE PARAGON

THE mission hospital in Larkana was opened in 1910, and as patients began to come in, the missionary in charge had to engage an adequate staff as soon as she could. Nurses were installed, and a dispenser ; a watchman, a water-carrier, and an outcaste woman to sweep the floors. The work grew rapidly, and, before long, yet another woman servant was needed.

She was not easy to find, for a number of qualities were required which are not often found in one person. Her chief work would be to do the daily marketing for patients and nurses, and cook food for the patients, and to dust the hospital. She must therefore on no account be young and lovely—or even young and ugly, for that matter—for no young woman could go about alone without scandal. Yet an old hag with one foot in the grave would not be fit for the amount of work required of her, so the happy medium of age and vitality must be found. Then she must be a Hindu, and of sufficiently high caste to cook for any patient who might need her services. Moslems will eat food handled by a Hindu, but even in Sindh, where caste is not so rigid as elsewhere, Hindus would consider themselves defiled if their food were prepared by a Moslem or Christian, and

neither Hindu nor Moslem will take from the hand of one of low caste. Besides all this, she must be a woman of good character (for the honour of the hospital), cleanly (for the comfort of nurses and patients), and one who could be trusted with the spending of other people's money without keeping an unreasonable amount as commission.

So the missionary made it known among patients and friends that she required a robust, middle-aged, respectable, clean, honest Hindu woman of good caste, who would like a little money and was willing to work.

It seemed rather a tall order. At first everyone said, "Oh, yes, there are many women in the town who would do ;" but no one could produce any of them. Then came an aged crone who was so tired after her shopping that it seemed cruel to ask her to cook or dust ; besides, she was too blind to see any dust. Another was engaged who seemed to be of sufficiently mature age, and very modest and discreet ; but she increased in youth and hilarity to such an extent whenever she was out of sight of the missionary, that the neighbours were scandalised, and she had to be dismissed. The next one had the very common idea that all English people are bottomless mines of wealth, and could not see why she should not get a little share of it by keeping half of the money entrusted to her to spend ; so *she* did not last long. After another interval, it occurred to a neighbour that the simpleton of his family might as well earn a few rupees, so he brought her to apply for

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COOKING FOOD FOR THE PATIENTS

the post. Wits, it seems, had inadvertently been left out of the specification.

At last came Jamna, the treasure who was to work for the hospital for fifteen years. She was thin and active, and nothing like five feet high, and must have been about forty-five or fifty. She came one day to have her ear syringed, and heard that there was work to be done and money to be earned. When she got home and thought it over, it seemed to her that the post was just what she wanted. She was a widow, living with her son in the city, only a few minutes' walk from the hospital. He, she knew only too well, felt his mother a burden, and grudged having to support her as well as his wife and children. He was not particularly unkind to her except when he was under the influence of alcohol or Indian hemp ; but she felt that if she could earn enough to pay for her keep, and perhaps a little over, her position in the household would be very much pleasanter. The missionary had ceased to be very optimistic, but when Jamna came and said she would like the post, there did not seem to be anything against her, so she was engaged on trial. With every new applicant came some faint hope that perhaps she might turn out to be the desired paragon, complete with all the necessary qualities.

Jamna was a quiet little person, who got through her work with wonderfully little talk and fuss. She very soon came to look upon herself as a regular member of the hospital staff, and the interests of the work as more or less her own, and

this had two results : one, that she could be depended upon to do her work well according to her lights, and the other, that she spoke a good word for the hospital wherever she went, urged patients to fall in with the treatment advised, encouraged them to stay till they were cured, and persuaded sick people whom she knew to come for medicine. She was not in the least afraid of work, and was willing to turn her hand to anything within reason.

As time went on, she became very useful as a messenger, when it was not suitable to send a manservant, or when there was difficulty in finding the house. For instance, it would sometimes be necessary to let a certain patient know which day she was to come into hospital to have an operation done ; her house would have no number, and the little by-street in which it stood no name ; even her husband's name might not be obtainable, for the Hindu wife may not on any account pronounce it. So Jamna would be called ; a few words from the patient would describe to her just where to go, and when the time came, instead of leaving a message (possibly at the wrong house), as a manservant would have had to do, she would make her way to the women's quarters, find the patient, deliver the message and see that it was understood, and, if necessary, explain the matter to the mother-in-law and persuade her to bring the girl.

On one occasion a woman was found to need an operation, but could not have it done at once

because her husband was ill. A few days later he died, and it seemed likely that she would follow him, because of the rule of the caste that a widow may not go out of the house for a year after her husband's death. The best plan was to send the persuasive Jamna to see what she could do. Three months later she prevailed, and the patient, weak and emaciated but still curable, had her operation done in hospital and made a good recovery.

Jamna's own family, of course, often came to the hospital. She was very fond of her two daughters, both of whom were married, but still lived in Larkana. In theory, the maternal grandmother has little concern with the children, and no voice in their upbringing ; but Jamna got on well with her co-ancestresses, and managed to have a good deal of influence over the young destinies. The little ones were a constant interest to her ; pleasure and anxiety alternated, but interest never failed. It was a great delight to her when she found that, out of her own wages, she could save money to spend on the marriage of her favourite grandchild, her eldest son's daughter ; and when, the following year, a boy was born, she seemed in her pride and happiness to renew the days of her own young motherhood. Very little gratitude did she get from her son for all her affection and self-sacrifice on behalf of his family ; his bad habits increased, and when he was at his worst she often had to take up her abode in hospital for a few days to be out of his way.

It was not much that poor old Jamna got for herself out of this world, but if she ever thought of compensation for her spending, she must have felt she had it in the two little great-grandchildren who came to her in her last years.

She died in 1925, of old age. She may not have been more than sixty or so, but early marriage, malaria, and other causes combined to make her a very old woman. A year before her death she seemed to be almost past work, but she was determined to go on doing as much as she could, and idleness in a home like hers would have been such a sad life that no one could urge her to give up her post while she could by any means keep about. With difficulty she pulled through one hot weather, and when autumn came she astonished us all by recovering a great part of her former strength. But it could not last long ; after another season of rather irregular work she failed again, and died in a few days. And we were glad for her sake, for her youngest daughter, who was more than all the world to her, died the same week.

We do not know whether she had any greater hope than what popular Hinduism taught her in her childhood. She never seemed to respond to anything beyond moral precepts and ethical principles in the teaching she heard in hospital. She was well on in middle life when she first had a chance of hearing Christian teaching, and she had a life full of hard work and material difficulties, with very little that could help to

develop her spiritual faculties and bring them into relation with her conscious mind. It is difficult for a woman like that to grasp the idea of the love of God. To do so means that she must have an entirely new conception of what He is ; her whole spiritual outlook must change, and old habits of mind be rooted out. But she worked honourably and well, and lived up to the principles she did know ; and we cannot tell how far her spirit may have absorbed the truths that seemed so alien to her mind.

A GOOD ADVERTISEMENT

HANSI was very ill indeed when she first came to hospital. Her relations, and probably she herself, had almost despaired of her life.

She seemed to be about twenty or twenty-five years old ; perhaps she was less, for though she had had several children, she had probably married at twelve or thirteen, or even younger, that being the custom of the Hindu merchants in Sindh, to whose caste she belonged. She had reason enough for unhappiness, for each of her babies had died in early infancy ; the three-days-old handful of humanity which was brought to hospital with her had nearly lost its hold on life, and now she herself was so ill that all the Mrs. Gamps and wise women (wise, I mean, in their own estimation) said loudly and repeatedly in her hearing that it was evidently her fate to die too. Probably she thought that death was the best way out of her troubles, but an Indian woman is brought up to feel that motherhood is not only the greatest, but the sole object of a woman's existence ; and it must be a devastating thought that she is leaving life without having justified her entry into it, to carry on to her next incarnation the shame of having been a useless wife.

Many a Hindu husband would have accepted

the popular dictum that it was his fate to lose his wife, with the submissive thought that the fates were, on the whole, kind ; for if her babies always died, it was just as well she should be removed so that he could marry again, and he was likely to get just as pretty and submissive a wife next time. A Hindu is allowed to take another wife in the lifetime of the first, but only if the latter has no sons ; and many cannot afford to do so, while others shrink from the quarrelling and friction there is sure to be when two women, both more or less empty-headed as a result of their training, and occupying the positions of supplanted and supplanter, are obliged to live together in close quarters. But Hansi's husband was more fond of her than most, and he was determined not to give up hope yet ; so when Mrs. Gamp could do no more, he put his wife into a hired trap, where she sat up (at great risk to her life, she was so ill), supported in his mother's arms. A few wrappings of cloth containing the infant were put in a safe corner of the carriage, and he came with them, giving additional support when the well-grown young woman's inert weight was too much for the thin old arms, and seeing that the pony was led at a walking pace through the least bumpy thoroughfares. Fortunately the distance to the hospital was under half a mile, or the patient might not have survived the journey.

A few shouts brought the gatekeeper to the entrance ; she, seeing an obviously bad case, called for nurses, and they brought a light string

bedstead, on to which the sick woman was lifted to be carried into hospital. Poor thing, how she must have longed to be left alone and allowed to rest and wait for death, instead of being bucketed about in a well-meaning but not too gentle way in search of a cure ! But the worst upheavals were over now. The gatekeeper went off to the bungalow to call the doctor, and the nurses began to carry the bedstead into the hospital, where the husband, of course, could not follow ; but that he would by no means allow till he had seen the doctor, and himself committed his wife to her care. In vain the nurses explained that *all* patients get the best possible treatment in this hospital. (When they start blowing trumpets, their own or their doctor's, they do it with their might.) As for their assurance that it is the Christian custom to take as much trouble over any poor deserted woman as over one whose husband pleads for her, everyone would admit the sublimity of the idea, but no one could be expected to believe in it as a practice. It was regarded as an amiable fiction, which the English have a fancy to keep up and to teach their followers, and it in no way affected his resolve not to let his wife out of his sight till the doctor should appear. She was in, and the bungalow close by, so the discussion was still raging when she came on the scene.

Quite a little crowd stood waiting. Two or three passers-by, and the driver of the hired carriage, formed the outer circle and joined in the

discussion. Within were the merchant, troubled and anxious but firm ; the gatekeeper, shrill, strident, and good-hearted ; the head nurse, persuasive and soothing but hardly heard ; the mother-in-law, squatting on the edge of the bed and rocking herself gently to and fro with low moans of apprehension ; and Hansi herself, looking more dead than alive after the adventures of the day. The pony, unheeded on the outskirts of the group, expressed in every muscle a complete willingness to stop and rest as long as ever the argument might last. He and the patient alone were silent, unmoved by the new arrival. The poor old woman, her eyes bright with excitement and her few loose teeth shaking with fear of the unknown, scrambled off the bed and crouched on the ground to touch the feet of one from whom she hoped so much. Gatekeeper and nurse subsided, awaiting orders, and the husband poured forth his appeal for mercy, kindness, pity, good medicine, and a promise of cure, calling down blessings on the benefactress's head—conditional, of course, on receipt of the benefits. But he was not unreasonable : he professed himself quite satisfied with a promise that no effort should be spared to effect a cure if that were possible, and letting the bed be carried inside, he settled down to wait till the doctor should reappear and give her opinion after examining the case.

The next three days were a time of considerable anxiety. It was plain from the first that the baby could not live, and it died that night.

Hansi improved a little when she got over the fatigue of the move, and then she began going downhill. Her husband's mother, who stayed in hospital with her as her attendant, proved to have a fair amount of intelligence in carrying out directions, and a very great deal of devotion. It was not going to be old Muli's fault if the life of her daughter-in-law slipped through our fingers. But there came a day when death seemed to be very near.

A difficult decision had then to be made. To a Hindu, it is a very serious thing if one of the family dies in an unhallowed place. If we kept the patient, and she died in the night—which it seemed only too likely she would do—her husband would feel that a great disgrace had fallen upon him. His family and caste-fellows, too, would make him feel it. Not only that, but others would decide not to bring their sick people to hospital for fear that, failing a cure, they would not be allowed to go home to die. Thus, in the vain attempt to save one life, a chance would be lost of treating patients who could be cured. On the other hand, letting the patient go home meant throwing away her last chance of recovery. The problem to be decided in such a case is, how long there is sufficient hope to justify keeping a patient, and when hope has so dwindled that her relations should be advised to take her home. It will easily be realised how it goes against the grain to admit failure while yet there is any possibility of cure, and to give up making the

final attempt to save a life. But it seemed that it would have to be done that evening.

The merchant had been coming several times a day to inquire after his wife, and to encourage his mother and bring her food. So the doctor met him at the hospital gate, and explained to him how matters stood. He proved quite unexpectedly willing to defy custom and public opinion. Again and again he asked :—" Is there any hope of recovery if I leave her here ? It really is just possible that she might pull through ? " Then further :—" If she dies in the hospital, will you lay her on the ground at the last, so that she may die in contact with the earth ? And will you let my mother perform such Hindu rites for the dying and dead as can be done away from home ? " We promised that our outcaste presences should not interfere in any way we could help. His mother was called, and they talked it over together. Finally he said that he had decided to take the risk of her death in hospital for the sake of giving her the chance of recovery. The patient was carried to a room near the gate, that her husband might see her again for a few minutes, as he might not enter the main part of the hospital, where only women are allowed. Then he left her, entreating again that everything possible should be done to save her.

She very nearly died during the night, but by dawn there was a little improvement. Early morning brought the merchant for news, and when he heard she was still alive, and at least not

moribund, he said :—" Now I feel *sure* that your skill is great and your hand is powerful for good, and she will recover." The doctor was by no means sure of it herself, but it was one of those cases where the powers for health in the patient's own system will win the battle in the end if only the medical attendants can keep body and soul together long enough to give them a chance. Gradually the symptoms subsided and strength came back.

There were not so many difficulties during convalescence as in some cases, for though, as she was a Hindu, her diet had to be vegetarian (milk being the only animal food taken by strict Hindus), the disease happened to be one which did well on such a diet. No one but a Hindu—no Hindu, even, of lower caste than her own—might touch her food, still less her water ; so the milk was handed over to old Muli at the hospital gate, she warmed it (and incidentally smoked it) herself over a wood fire, and stirred into it *ghi* (clarified butter, with a taste all its own) with her own finger when the spoon happened to have been mislaid. It was wholesome and nourishing, and Hansi liked it, so that was all right. Later came permission to eat curries and other savouries, and unleavened bread ; the latter digestible enough for the young, who have sufficient teeth to deal faithfully with it, or for the old, whose gums have grown hard enough to take over the function of teeth.

Fortunately the caste restrictions are not considered to apply to medicines, so she could be

dosed by the nurses, although they were Christians ; and the more physic she got, the better pleased she was. We in Sindh are not hampered as they are in some parts of India, where the water used in making up the medicines for high-caste Hindus has to be ceremonially pure—Ganges water by preference—and mixed in by Brahman hands.

Convalescence was a long business, and Hansi and Muli seemed almost like part of the establishment by the time they left. But it was a pleasure to see such a healthy-looking young woman go back to her home.

They often came to see us after that. The husband and wife would turn up occasionally on the bungalow verandah, with smiles and the gift of a chicken. She also remained for a long time under medical care, as precautions were necessary to prevent a return of the illness. The next year there came another time of hope and fear, but a boy was safely born, and he and his mother did well. His life was entrusted to the doctor and her staff from the first, that he might not leave his mother childless again. They never had a better patient than Hansi nor a better advertisement for the hospital. Baby Kishna developed into a fine, fat child, the envy of many a mother, and in the verandah where out-patients waited, Hansi would often be heard telling the others of her former troubles, and how she owed her life and the light of it to the treatment she had had. There is no doubt that her exhortations to perse-

verance encouraged many others to be regular in carrying out their necessary treatment. Fewer curable cases left hospital uncured because improvement was slow, and because their faith and zeal flagged too soon.

It often happens that the hospital gets unmerited blame. When an operation is done as the only hope of saving or prolonging life, and the patient dies in spite of it, her friends may circulate the statement that the operation has killed her. Sometimes a woman takes medicine for a cough she has had all the winter, and every winter for years past, and returns two days later, saying :—"Since taking your medicine I have got a cough. Give me good medicine this time." Nothing specially skilful had been done for Hansi or her baby,—just the obviously necessary treatment,—but perhaps a little undeserved kudos now and then helps to restore the balance!

All this happened several years ago. The hospital has been closed since then, but is now reopened, and Hansi has brought her son—a very friendly and confiding boy, now nearly five years old—to greet the missionaries again. Hitherto she has never seemed greatly interested in the teaching of Christ, nor responded to His appeal ; but we know that there is often more interest than we are allowed to see, and some day she and her boy may come to recognise Christ as their Lord, and take their places as His subjects in the Kingdom for which we work.

THE LITTLE GOAT

We named him "the Kid," not because of the fewness of his four small years, but because his usual mode of progression was a series of gambols, and the fling of his heels as he skipped and leaped was irresistibly suggestive of a kid of the goats. His real name was Mahbub Ali, "the beloved of Ali," and certainly the son-in-law of the Prophet had a very attractive little person to love.

His mother brought him to hospital a good many times one winter to have a sore on his hand dressed, and when that was healed his little sister had some trifling complaint, and then the baby brother was teething, so with one thing and another the family was often putting in an appearance at hospital about that time. Mothers do like to see their children appreciated, and yet we were always careful to say no word of direct praise which might be thought to bring the evil eye to bear on them; so she found a visit to the hospital a pleasant morning's outing. It was a variety, too, in a rather monotonous life, to have a chat with the other patients about symptoms, babies, mothers-in-law, and the price of food.

The Kid himself probably also had something to do with the frequency of the visits. As the eldest son, he was virtual ruler of the family in

matters that did not affect his father, and the out-patient department was quite an amusing place to spend an hour. Besides, he knew of a blue tin box on the corner of the consulting-room table, out of which bits of sugar-candy were generally forthcoming, and if the doctor was too busy and forgot that part of the treatment, the dispenser was pretty sure to make good the deficiency. His deportment would suddenly change as he entered the consulting-room, and a very demure little boy would approach the doctor; yet his eyes certainly had a tendency to be deflected towards that blue box. He soon learnt not to snatch the first piece of sugar, but to wait till his little sister had had a bit, because she was too small to push forward and snatch for herself. . . . Well, perhaps that way of putting it is rather misleading. What he really learnt was, that if he let his dear little sister have the first piece he got a big one, while, if he snatched, he only got a small one, if that. But I suppose we all began our lessons that way. And unselfishness was quite a new lesson to him. His mother indulged him in every way she could, as a matter both of duty and inclination; and he had been taught that boys are so much more important than girls, that they must always be considered first, and have the best of everything. The idea of the stronger giving way to the weaker, except in the case of maternal care, was a new one to his mother as well as to him.

Once he was over the threshold again, exuber-

ant life would return. Up he went like a thing of no weight, and a succession of zigzag frolics would land him on the bench outside the dispenser's window, where another welcome was ready for him.

As spring came on, the visits ceased, and we sometimes wondered when the Kid would turn up again. One day, in the late summer, his mother brought the two younger children for medicine. Their affairs settled, we asked:—"And Mahbub—you have not brought him to-day?" "He is dead," she said with quiet sadness. "He died of smallpox. See, the little ones have had it too,"—showing a few marks. She seemed surprised at our distress; she did not expect strangers to care. "It was my fate," she said, and then began to talk cheerfully of other things. A minute or two later she was smiling and chatting as usual with other patients in the verandah, where they wait for their medicines.

It sounds a little callous. It is not really that, but it shows the habit of mind bred in many mothers by the appallingly high death-rate among children. When a woman has every reason to expect that some, perhaps most, of her children will die before reaching manhood, her maternal instincts tend to cling more to her children as a group, and less to each child individually. Her affections now centred on the baby boy. If the Kid had been her only son she would have been inconsolable; as it was, no doubt she was overwhelmed with sincere grief at the time, but that had passed, and after four or five

months her sorrow had ceased greatly to trouble the surface of her mind. While her child lived, she was a devoted mother; now he was gone, he dropped out of her thoughts in a much shorter time than would be the case in a community where child life is more secure. We must remember, too, that neither Hindu nor, as a rule, Moslem women have the hope that English mothers have, of meeting their children again. For them, separation is not for a lifetime, it is for ever. There is no anticipation to revive memory and keep it green.

This quick adaptation, this comparatively easy shift to a new focus for mother-love, may be regarded as a defence against conditions which would otherwise involve suffering too terrible and vast to be borne. Even as it is, one shrinks from the thought of the widespread immensity of the pain of which one sometimes sees glimpses. A woman was once brought to Larkana Hospital because she would not speak, and her friends did not know what was the matter with her. Her face, her attitude and her every movement told plainly of profound dejection and hopelessness. There was nothing physically wrong; the trouble was of the mind and spirit. Her sister-in-law, a happy mother of several sons, assured us that there was no cause for depression, for she was well fed and clothed. On asking questions, we learnt that she had had seven sons and a few daughters, and all had died in infancy or early childhood.

And yet this state of things is improving. Matters are not so bad as they were fifty—or even ten—years ago ; the work of those who went before us has told, and what is being done now will tell. It is not true, as one so often reads, that " the East never changes." It is changing profoundly under our very eyes, though so slowly. Future generations need not, and must not, suffer like this. Conditions in all countries, east and west, can and will be improved till maternal instinct, unbaulked, is free to reach its highest possible development. But this cannot be done without much work and sacrifice, in the spirit of Christ and for love of Him and our fellow-men.

We heard no details of those early summer months, but it is easy to reconstruct events as they probably occurred, from experience of other cases. When the smallpox epidemic broke out—a yearly event, but unusually severe that year—there was talk in the bazaars and alleys of the city about vaccination. The Kid's parents joined in the discussion, and made the usual comments :— " What is the use of trying to interfere with fate ? If it is written that our children will get smallpox, no doubt they will get it ; if not, they will escape. Besides, how many get it and recover ! Our children may not die, or be blinded, or lose their hearing, or even their beauty." Then, as someone suggested the other point of view :— " Yes, it is true that those who are vaccinated do not seem to get the disease. Perhaps we will go to the

doctor about it to-morrow." To-morrow passed, and the next day, and the intention of getting it done waxed and waned, till the disease developed and it was too late.

These people were Moslems, and had no religious scruples. For the Hindu, the case is different. Popular Hinduism teaches that to interfere with smallpox by treatment of a case will anger the dread mother-goddess whose peculiar dispensation it is, and bring worse evils on the soul of the victim ; and one naturally supposes that prevention, though not mentioned in the sacred books, would be even more impious than cure. But among Hindus and Moslems alike, one great obstacle is met by doctors and other social workers who are trying to introduce reforms. Fatalism, blunting as it does the perception of a definite relation between cause and effect, chokes much practical common sense, and excuses much mental and physical inertia. They are constantly finding their efforts at improvement thwarted, and the results of patient work spoilt.

The common view was well shown by a wealthy Moslem landowner who once sent for a doctor to see his wife. The patient had consumption. She was in a very infectious stage ; she lay in a low, dark room, the window was shut (for the weather was cool), the only ventilation was through the door. The room was crowded, day and night, with other women *and children*, who ate, slept, and sat talking there. The doctor explained to the master of the house the necessity of better arrangements,

not so much for the sake of the patient, for she was past cure, but to save others from the same disease. He listened patiently ; then he said, with polite tolerance :—“ We Indians and you English take different views of this matter. You believe that the disease comes from breathing infected air ; we believe that it comes by the will of God.”

The doctor wanted to know what made him think that God has given man power to cure disease—as he certainly did, for he was much disappointed at her failure to do so—but not to prevent it ; also whether, if a man took poison, his death would be due to the poison or to the will of God. He shrugged his shoulders, and was not inclined to pursue the subject further. Such profundities were not for discussion with a woman. Of course he was illogical, but if fatalists were logical and consistent, many oriental civilisations would have become extinct long ago. As it is, there is always an unanswerable reason for letting something alone, for putting something off till to-morrow, for taking the easy road :—what is to be, will be. Why disturb oneself to alter the unalterable ?

But it will not always be so. Education, especially of young children, has already begun to attack the position. It is in the Christian primary schools, mainly, that this battle can be fought and won, for there the masses—only a few of them yet, but an increasing number every year—are taught from childhood that it is both possible and right to make the world a better

place to live in ; that the beginning and end of religion is not ceremonial observance, but love and service, and that a life of love and service is possible, indeed natural, to those who receive life from God their Father for the service of their brother-men.

CHILD-MOTHER AND MOTHER-CHILD

PARBATI was an elderly woman of the Hindu shopkeeper caste. She was a widow, and that in itself is always a disgrace ; but in Sindh the ban on widowhood is not regarded so seriously as in other parts of India, nor are the cruel customs carried out so relentlessly. Moreover, out of a large family she had two surviving sons to show that she had fulfilled her vocation, and that the unknown sin committed in a former state of existence, for which her widowhood was a punishment, could not have been of the most serious description. She might wear no coloured clothes or jewellery, and had to observe frequent and strict fasts, but she was able to live a very much happier life than would have been possible in most parts of India, or to a child-widow even in Sindh. The elder of her two sons was half-witted ; but in the eyes of the world the silliest son brings more honour to his mother than many daughters, and she, naturally, was devoted to him.

His brother, the youngest of all her children, was an intelligent, hard-working man, who supported the whole family and was a credit to her in every way. He kept a little fruit and vegetable shop in the city of Larkana ;—not one of the pros-

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perous shops in the main bazaar, which look small enough to eyes accustomed to an English town, yet often bring considerable wealth to their owners ; but a scrap of a shop in a side street, patronised chiefly by the neighbours living in the labyrinth of alleys and courts close by. Beside the shop was a steep, narrow stairway, leading up from the street to rooms above, and there the widow lived with her sons and her daughter-in-law, the bread-winner's young wife. She had long ago found husbands for her own daughters, and they had left her and gone to live with their mothers-in-law.

Soon after the mission hospital was opened, Parbati began bringing her small ailments for treatment, though she would not as yet have had courage to entrust a serious illness to people so strange and methods so new. Originally she did not come for medicine at all, but as one might go to a circus or menagerie, with the simple wish to see something extraordinary ; but gradually she gained confidence, and a visit to the hospital became more than a pleasant morning's outing.

Her daughter-in-law at that time was a newly married child of eleven or twelve years old, very shy and overwhelmed with a sense of her own insignificance, and dreadfully homesick for her mother and the friends she had left. A year later, after the birth of her son, she would no longer have been a mere nobody, and probably the hope of happier days helped to keep up her spirits ; but when the time came, the suffering was more than

her fragile immaturity could bear, and she died when the baby was a few hours old. There was nothing unusual in that, in a community where most mothers of eldest sons are much too young for maternity. The child soon sickened and died too, as was almost inevitable after his mother's death, owing to the prevailing ignorance of infant feeding.

Of course Parbati could not let her son remain a childless widower for long. She at once began to make inquiries for another bride. Certain women, elderly and poor, make it their profession to act as go-between in matrimonial arrangements, and one of these was consulted again. Many were the private confabulations as she and Parbati sat together on the bedstead—not over a cup of tea, but with a carefully prepared wad of betel-leaf and nut tucked into each woman's cheek.

There was much to discuss besides the character and person of the girl herself. As to character, indeed, a bride was hardly considered to have any. That would be made later on by her mother-in-law and her husband, and for the first little while nothing but docility would be required of her. This was rather natural, considering how young the girls under discussion were. The most important and difficult matter to be arranged was the dowry. Parbati began by asking a good deal more than she thought she was the least likely to get, and the father of each suggested bride began by offering much less than he was prepared to give; besides, each father had a dis-

tressing way of pointing out that what he really wanted for his daughter was an unmarried youth, and that he would only consider a widower if he could get one cheap (he did not put it quite like that, of course), while Parbati had a very exalted idea of the value of her son, and felt that it would be an honour to any man to become his father-in-law. Then there was the social position of the girl's family to be considered. There was no question of a bride from another caste—that would have been quite unthinkable; but even in their own caste there were social grades depending on wealth and position, and a larger dowry might be offered in order to make a girl of lower status acceptable. There was much also to say about the personal appearance of the candidates for matrimony. A girl with a squint, or—far worse—a dark skin, would have to bring a larger dowry, or put up with an inferior husband—inferiority being translated as old age, mental or physical defect, or poverty.

It will be seen that the whole question was a very complicated one, and no doubt the old match-maker's commission on the transaction was well earned.

A girl called Toti was decided on in the end. She was twelve years old, perhaps nearly thirteen—for Parbati had no wish to lose another daughter-in-law and grandson, so she had made up her mind to choose as big a girl as she well could, without incurring the reproach of society. The wedding was arranged, and Toti was dressed

in a complete new outfit of scarlet silk,—a shawl to cover her head, a jumper, and a very full skirt,—and decked with the jewels which formed part of her dowry. But any elation she may have felt at being the centre of interest during the three days of marriage ceremonies soon subsided, and it was a very lonely little person, in spite of her gay scarlet clothes, who settled down to live with her husband and mother-in-law above the fruit-shop. Not that Parbati was unkind ; to her it was natural and inevitable that a young girl should be separated from her mother and everyone she knew, and planted in a strange household, and it did not occur to her to strive against fate by trying to show any particular affection and to mitigate the loneliness. Besides, if a young wife does her duty by becoming the mother of sons, the early loneliness and unimportance is only temporary ; and if she does not, it shows that the sins of a former incarnation are tracking her down, and she deserves all the slights and contempt she gets. So, from the Hindu point of view, it is all quite fair.

Toti was spared this lifelong unhappiness, though a good deal of sorrow and anxiety did come to her in the ensuing years. Her first baby was a son, and she survived the ordeal, in spite of her own immaturity. Life was a very different thing to her after that. The baby was a tiny, wizened little thing, always fretful and crying, but in the eyes of his mother and grandmother he was a marvel of beauty and charm, and they

clung to the thought that he was sure to develop into a sturdy boy presently. For nearly two years the three generations were in frequent attendance at the hospital, and the missionary managed with difficulty to pull him through several illnesses ; but at last he got pneumonia, always so dangerous to young children, and almost hopeless in the case of such a weakly baby. It was impossible to save him, and Toti's only comfort was the hope of another child, expected in a few months.

Naturally, the family was very anxious about the coming one, and there was much discussion about how to ensure a healthy boy.

As a rule the grandmother is the least progressive member of the family, and it is often she who obstructs the reform of customs that are honoured by time and nothing else. She clings to what in her youth she was taught to consider the right thing, for the very circumscribed life of an Indian woman of the old school does not give her much chance of widening her views as she grows older. But Parbati was an exception to the general rule. She was more enterprising than most, and by this time she had seen a good deal of the work of the hospital, and was convinced that the missionary had a lucky hand. She had known patients recover, after operation, from conditions that had always been considered hopeless. Furthermore, she remembered seeing village women brought into hospital in their extremity, after the Mrs. Gamps had done all they could and

admitted their inability to help any more, and she knew that living mothers and healthy babies had returned to their homes. And again and again she had heard the missionary imploring people to bring expectant mothers to hospital in good time, and so diminish suffering and risk.

At first she considered it quite impossible that a baby of her caste should be born anywhere but in its father's house ; but the new idea, by dint of much repetition, sank into her mind, and after a while seemed quite worthy of consideration. So she considered it, and then she persuaded her son to consider it too. He, having lost two sons and a wife, felt that when so much was at stake he must be ready to concede a good deal, even if the plan suggested did go against the grain ; and when even his mother urged it, he made very little protest. In the end the unheard-of came to pass, and Toti, attended by her mother-in-law, came into hospital for her confinement.

The theory of the missionary's "lucky hand" was borne out to some extent, for the infant was a boy ; and though he was small and delicate, his grandmother was delighted, and took enormous pleasure in exhibiting him to all the relations and friends who had prophesied disaster as the result of defying convention.

With less care and unremitting attention little Amritu would hardly have pulled through his early childhood. He grew to be an undersized, fragile little boy, with a small thin face, and he was seldom absent from the hospital

out-patient room for more than two or three months together. The amount of cod-liver oil and such fattening medicines which he consumed during his first seven or eight years must have been prodigious, and his parents were in constant anxiety about him ; but in the end they began to see the result of their care, for as he passed from early childhood to boyhood he got much more robust. Attendance at school, and a little less spoiling and cosseting at home, seemed to suit him.

Nearly two years after the birth of Amritu there came an unusually bad epidemic of plague. Like every other Indian city, Larkana is infested with rats, and the rats are, one and all, infested with rat-fleas, so when the plague germ comes it has every chance, as it used to have in England in the Middle Ages. It is always worst in a densely populated area, and when the death-rate in Larkana reached a serious figure the wealthier families began to disappear from the city. Some of them owned land and houses in the country and villages ; others had rich relations whose large houses could accommodate many guests. People who could not so easily leave their city homes pointed out the uselessness of the move, since no man can escape his destiny, and if he is fated to die of plague he will do so, whatever precautions he may take. But their neighbours, while admitting the incontrovertible truth of this argument, went on packing up. Naturally, the more people went, the more took fright and wanted to go too. Very soon the city lost its

normal busy appearance. The bazaars and alleys were almost deserted. Dogs seemed to be more vociferous than ever, as the sound of street cries and the babel of greetings, bargaining, gossip, and vituperation dropped. No wedding bands were heard. Even the temples were quieter than usual, for there were fewer worshippers to sound the bells, gongs, and trumpets at the morning and evening ceremonies.

Trade grew slack, and by degrees almost ceased. Many of the regular customers of the fruit-shop had left the city, and some had died ; others had lost the family bread-winner, and could now only afford the bare necessities of life. Like everyone else, Toti's husband upheld the doctrine of the hopelessness of trying to interfere with fate, but he was secretly obsessed by the fear that his little son might develop the dreaded symptoms, and he longed to carry him off to the comparative safety of the countryside. He bethought him of an aunt who lived on the outskirts of a large village some twenty miles away, and who would be bound in honour to make him and his family welcome. But Parbati strenuously opposed the plan, for Toti was expecting another baby before long, and the old lady was very anxious that the confinement should again take place in the hospital. She was, of course, bound to obey her son ; but, like many another Hindu woman, she was quite able to see to it that she very seldom got orders which she seriously objected to carrying out.

So he gave up his project for the time being, and tried to fall back on the fate theory for comfort. But when a little boy in the next house died, both he and his mother were badly scared, and felt that something must be done at once. Amritu simply must be safeguarded. But to them, taking Toti away to a distant village just now meant risking the loss of a hoped-for second son ; and in a country where the dangers to young life are so great, and child mortality is so high, it would be folly to be satisfied with only one. It is keenly felt that two are twice as good, for the chance of one surviving to perform his father's funeral rites is doubled.

The missionary at the hospital heard all about the difficulty. Her advice was quite definite ; Toti must come into hospital with Parbati at once, and stay there till her own trouble was over and the epidemic waning. The hospital, full of disinfectants and almost empty of rats, was as safe a place as any in the district, for all the villages abounded with vermin, and already hardly any were quite free from plague. " Impossible!" declared the distracted Parbati. The family had never been divided before, and even if separation were possible between Amritu and his mother, her eldest son was entirely dependent on her care. Was he not like a child ?—Indeed he was ; with his half-developed brain he was quite unfit to fend for himself among unsympathetic strangers without his mother's protection. And the hospital was a strictly feminine establish-

ment. But the problem had to be solved somehow, and it was a clear case for making an exception to the rule framed for normal times. The place was nearly empty on account of the plague, and as the poor grown-up child was quite harmless, and completely under his mother's control there was just now no objection to his living for a little while within the hospital gates. Eventually it was arranged that he should stay there with his mother and Toti, while Amritu should go with his father to the village aunt.

Toti missed her little son a good deal, for he had never been separated from her before, but there were compensations. The nurses were less busy than usual, for plague cases (those who consented to go anywhere for treatment) were taken to a special plague camp, and people suffering from other diseases were afraid to come to a plague-stricken city. Since her marriage, Toti had lived chiefly in middle-aged or elderly society, and she enjoyed the company, in their hours off duty, of girls not many years older than herself. The nurses were not Sindhis, but had been recruited from other provinces, and could tell of places which seemed to Toti foreign lands; and having had a modicum of education, and a very different upbringing from hers, they could open up new vistas of interest to her mind. On the whole, she had a very pleasant month of waiting. Her brother-in-law did not, after all, stay long, for he developed plague symptoms after about a week—contracted, no doubt, while

shopping in the bazaar or visiting friends. Parbati thereupon took him home and nursed him there, bringing food and cheer to Toti several times a day, but otherwise leaving her to the care of her hospital friends. By the time she came to need more attention, though Parbati still had to divide her time between home and hospital, the home patient was convalescent, so she made her headquarters with the mission, and cooked the family food there. It was not exactly what we should have called invalid dainties that were dished up on metal plates and wrapped in muslin cloths to be carried home; what the invalid liked and thrived upon was a diet of peppery curries, fried morsels highly spiced, and flimsy circles of unleavened bread.

After all, the expected second son proved to be only a girl, which must have been rather a disappointment; but she was so strong and sturdy that she never gave half the anxiety that her brother had done. She was a month old by the time the epidemic had so far subsided that it was safe for the family to return to their own home. She has been a friend and playmate of the hospital staff ever since.

From that time on, Toti has never failed to set her friends the good example of coming to hospital when in need of help. She has had great sorrow, for Amritu is still her only son. Two baby boys died in early infancy. She is very fond of her two delightful little girls, but they will be a great expense to the family when they reach

what is considered a marriageable age, and dowries have to be provided for them ;—poor little souls, that will happen long before they are really fit for matrimony. Her husband, and perhaps Parbati too, are a little inclined to consider it her fault that the healthy babies were girls, and the boys were delicate, while the neighbours make a point of expressing slightly contemptuous pity.

But the little girls are very much better brought up than their brother. They learn something of self-sacrifice by having to give up to others, while he, poor little lord of creation, must always have everything he wants if his parents can possibly give it to him, and is never asked to think of anyone else's pleasure, for the whole family gives in to his wishes. Responsibility comes early to a little Indian girl, especially if she is the eldest daughter. Bhagi, the one who was born during the plague time, began at five by taking charge of her infant sister, for she loved to carry her about, and it did not occur to anyone that she was rather young to be trusted with anything so precious. It was all very well at first, for the baby was light, and its bones so soft that bumps might not do serious harm ; but as the disproportion between carrier and carried increased, and bones hardened, the risk grew greater. That danger is past now, for Bhagi is nine, and has almost given up carrying her four-year-old baby, but is still in constant attendance on her. The two often come to hospital together without grown-up escort, and the elder child's



BHAGI CARRYING HER BABY SISTER

care of the younger is quite maternal. The usual complaint is sore eyes, and the drops which have to be put in smart a good deal, but even the little one has learnt their efficacy, for she marches boldly in and asks for them, and never cries over the business. That done, she expects her reward —a picture of some sort, sometimes the kind used as tokens in Sunday-schools, sometimes an old Christmas card.

These children, and many others, are learning to take for granted a friendliness between Indian and English, Hindu and Christian. It is a habit of mind which should lead to a wider idea of brotherhood than they could learn at home, for in popular Hinduism such things as friendship and mutual service between different castes do not exist, and neighbourliness is never understood to extend to people of other religions. As the Bishop of Dornakal says : "The Hindu way of life culminates in personal mystic union with God ; the Christian way, in unselfish service for man."* The breaking down of barriers is a necessary part of the work of preparing the way of the Lord.

* *International Review of Missions*, January, 1928, p. 156.

"THE WAY"

IN these sketches I have tried simply to describe Sindhis as I have seen them, as truly as an Englishwoman can show the life of another race. I have not specially aimed at showing either the good points or the faults of the systems under which they live ; but one cannot give a true picture of the domestic side of Indian life without drawing attention to some customs and habits of mind which inevitably make, not only for unhappiness and suffering, but for the physical, moral, and spiritual weakness of a race.

The principal of these are caste, involving very restricted ideas of altruism ; the exaltation of ceremonial above purity of motive and life, and the concomitant fallacy about the nature of sin ; the belief that women (on whom the early training and foundation of character of the next generation depends) are in spiritual matters so immensely inferior to men that they must not have even the opportunity that men have of rising above superstitions, petty thoughts, and unworthy interests ; early marriage, which is usual among nearly all classes ; the unwholesome prominence given to sex in the training of children, and in the common talk of the house which they are allowed to hear ; fatalism, vitiating the mind's

clear grasp of the connection between cause and effect, and so smothering any inclination a man may have to lighten the burden of a fellow-creature or to strive after social reform ; and the belief that those in misfortune, such as widows and outcastes, are paying the penalty of sin committed in a former life, and are therefore accursed, beyond the scope of compassion, and only to be cruelly oppressed. All these things cry out for a remedy.

No one will contend that our European civilisation is what it would be if the spirit of Christ really permeated it. Still, it is a fact that all the best we have is the result of the principle of love which He taught, and all the imperfections of our culture and social life are absolutely opposed to it. Our own race has not yet, as a whole, responded to—or even clearly understood—the meaning of His life ; the beauty and truth of the righteous God He shows us is nevertheless a fact, in no way altered by our blindness and unresponsiveness. If we who wish to help India try merely to give her the best and most humanitarian achievements of our civilisation as they stand, we shall fail, for she will not be able to assimilate and develop them as part of her own social structure, nor reject what is false and valueless. If, while doing this, we also give her the fullest possible opportunity of learning to know Christ and live by His principles, in so far as she does so, her reforms will be thorough and progressive, because permeated with His Spirit.

No other religion has the power within it by which, if man wills, both individual and social life can be transformed. Other teachers have found many gods, or many characteristics for God, some true and some false. The Jews, as a people, grasped the fact that God is holy and righteous ; ideas which in most religions have existed, when they existed at all, only in the minds of thinkers and philosophers, and have not affected the life of the masses. Some few great teachers have seen and preached that love is one of the Divine attributes. There is in Hinduism the ideal of love for all the universe. To the ordinary man this works out as consideration for himself and his own soul, then for those nearest to him, beginning with his own family and rapidly decreasing with distance till the limit of his caste is reached, beyond which care for others is the exception rather than the rule. This is all the altruism that his religion requires of him. Almsgiving, and services to Brahmans and sacred animals, are held to be of direct benefit to himself, and hardly come in the category of altruism. To a few religious devotees, love means a state of soul unmarred by the least angry or unkind feeling towards anything, but requiring no outlet ;—benevolence without beneficence. Hardly anywhere, except in those who are admittedly influenced by Christianity, do we find the active, positive love which tries to relieve suffering wherever it exists, and to reform the causes of suffering, and which prompts a man to sacrifice

his own ease and interests for the betterment of those who are not bound to him by family or social ties. Neither Hindu gods, nor the Prophet of Islam, nor any other faith than that of Christ, can satisfy the need of India's people.

But Christ discovered God to mankind. He gives us an absolutely new vision of God—so new that one may call it a vision of a hitherto undiscovered God. He shows us One who requires, not ceremonial observance, but character ; and One not only who loves, but the essence of whose Being is love. He shows us love as the element of which everything good in the soul consists. And He teaches that man may be purified of selfishness, the antithesis of love ; that the Kingdom of God, the God who is righteousness, holiness, and perfect love, may be an actual fact in the individual soul or in the human race. No other power than that which quickened Him is able to give life and vigour to ineffectual wishes for general happiness and well-being ; nothing else can create such a burning intolerance of evils which cause suffering to the weak and oppressed that a man will not rest till he has done all in his power to overcome them.

The work of missionaries is both deplorably small and magnificently great. It is small because of the vast number who suffer in soul or body, and whom they cannot reach because they are so few ; and because those they do reach are often so bound by the rules and customs under which they live, and by the conceptions they have

acquired in early childhood, that their resistance to the Spirit of Christ is strong, and their response to His teaching is but slight. It is small, too, because the character of Christ is as yet so imperfectly developed in the Christian workers themselves. But it is great because the goal for which they are working is that the will of God may be done on earth, and His Kingdom established in the hearts of men and women of all races ; the goal for which God became Man, and lived, and died.

S.O.S.

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